

Library
COUNTY OF THE ISLE OF WIGHT.



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1958.

CONTENTS

	<i>Page</i>
Constitution of Committees	1
Staff of Health Department	2
Introductory Letter	4
Ten-year Review	10
Population of County Districts and Vital Statistics	13
Nursing Homes	16
Medical Examinations	16
Health Education	17
Inspection and Supervision of Food and Food and Drugs Act, 1955	17
Infectious Diseases	18
Care of Mothers and Young Children including—	
(a) Domiciliary Midwifery	23
(b) Premature Births	25
(c) Infant Mortality	27
(d) Health Visiting	28
(e) Dental Treatment	31
(f) Welfare Foods	32
Home Nursing	33
Vaccination and Immunisation	33
Ambulance Service	34
Prevention of Illness, Care and After-Care including—	
(a) Report by Dr. E. F. Laidlaw, the Chest Physician	38
(b) Problem Families	39
Home Help Service	40
Mental Health	40
Welfare Services including—	
(a) Care of the Aged	43
(b) Welfare Arrangements for Handicapped Persons	45

CONSTITUTION OF COMMITTEES

(At 31st December, 1958).

HEALTH COMMITTEE

(Meets Quarterly)

Chairman: Alderman Mrs. M. C. Barton

Vice-Chairman: Councillor Capt. C. L. Howe, C.B.E., R.N.

Councillor J. A. Brazier, M.B.E., J.P.
Councillor Mrs. M. Christy
Councillor Major H. N. Giles, B.Sc., B.Eng.
Alderman Capt. A. Grist, O.B.E., M.C.
Councillor Lt.-Col. M. D. B. Lister
Councillor Mrs. E. M. McMillan
Councillor A. G. Moody
Alderman Miss M. O'Connor, O.B.E.

Councillor A. O. Purdy
Councillor E. E. Ralfs
Councillor A. H. Rowland
Councillor Major S. C. Selwyn, M.B.E.
Alderman G. Snow, B.E.M., J.P.
Councillor Mrs. L. Tilbury
Councillor Mrs. E. Wall
Alderman Capt. H. J. Ward, J.P., D.L.

Co-Opted Members:

Mr. S. R. Bird, J.P.
Mr. J. P. Collins
Dr. F. R. B. H. Kennedy, M.B.E., J.P., L.R.C.P., L.R.C.S.(Ed.), L.R.F.P.S.(Glas.).
Mrs. W. H. Margham, S.R.N., S.C.M.
Mrs. M. Woodnutt

GENERAL PURPOSES SUB-COMMITTEE

(Meets Monthly)

Chairman: Councillor Mrs. E. Wall

Vice-Chairman: Councillor Capt. C. L. Howe, C.B.E., R.N.

Alderman Mrs. M. C. Barton
Councillor Mrs. M. Christy
Councillor Major H. N. Giles, B.Sc., B.Eng.
Councillor Mrs. E. M. McMillan

Councillor A. O. Purdy
Councillor E. E. Ralfs
Councillor A. H. Rowland

Co-opted Members:

Mr. S. R. Bird, J.P.
Dr. F. R. B. H. Kennedy, M.B.E., J.P.
Mrs. W. H. Margham, S.R.N., S.C.M.

MENTAL HEALTH SUB-COMMITTEE

(Meets Quarterly)

Chairman: Mr. J. P. Collins

Vice-Chairman: Councillor Mrs. L. Tilbury

Alderman Mrs. M. C. Barton
Councillor J. A. Brazier, M.B.E., J.P.
Councillor Capt. C. L. Howe, C.B.E., R.N.
Councillor Lt.-Col. M. D. B. Lister

Alderman Miss M. O'Connor, O.B.E.
Councillor A. O. Purdy
Councillor E. E. Ralfs
Alderman G. Snow, B.E.M., J.P.

Co-opted Members:

Mr. S. R. Bird, J.P.
Mrs. M. Woodnutt

CARE OF THE AGED AND AFTER CARE SUB-COMMITTEE

(Meets Bi-monthly)

Chairman : Councillor Capt. C. L. Howe, C.B.E., R.N.

Vice-Chairman : Alderman Mrs. M. C. Barton

Councillor J. A. Brazier, M.B.E., J.P.

Councillor Mrs. M. Christy

Councillor Mrs. E. M. McMillan

Councillor A. G. Moody

Alderman Miss M. O'Connor, O.B.E.

Councillor Major S. C. Selwyn, M.B.E.

Alderman G. Snow, B.E.M., J.P.

Councillor Mrs. L. Tilbury

Councillor Mrs. E. Wall

Co-opted Members :

Mrs. F. A. Anderson

Mr. R. S. Barr

Mrs. M. Woodnutt

STAFF OF THE COUNTY HEALTH DEPARTMENT

(At 31st December, 1958)

County Medical Officer and Welfare Officer	...	J. F. Skone, M.D., D.P.H., D.C.H., D.I.H. County Hall, Newport, I.W. Tel. Newport 2261
Deputy County Medical Officer and Medical Officer of Health to various districts	... ..	J. Mills, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H. County Hall, Newport, I.W. Tel. Newport 2261
Assistant County Medical Officer (Part-time) and Medical Officer of Health to various Districts	...	P. Maxwell Browne, M.R.C.S., L.R.C.P., D.P.H. County Hall, Newport, I.W. Tel. Newport 2261
Assistant County Medical Officers	... ..	M. Brodigan, M.B., B.S., D.P.H., D.C.H., D.(Obst.), R.C.O.G. County Hall, Newport, I.W. Tel. Newport 2261
		A. Simpson, M.B., Ch.B., D.P.H. County Hall, Newport, I.W. Tel. Newport 2261
Chest Physician	... ..	E. F. Laidlaw, M.B., B.Chir.
Senior County Dental Officer	... ..	G. Simons, L.D.S.
Dental Officers	... ..	J. C. Lawson, L.D.S. (Resigned 31-10-58) W. Maden, B.D.S. A. E. Hurford, B.D.S. (Resigned 30-9-58) J. Moore, L.D.S. (Appointed 1-10-58) One vacancy on December 31st, 1958
County Nursing Officer and Superintendent Health Visitor	... ..	Miss M. A. Gibbons, S.R.N., S.C.M., H.V.
Deputy County Nursing Officer and Non-Medical Supervisor of Midwives	... ..	Miss E. Moss, S.R.N., S.C.M.
Health Visitors—		
Miss E. G. M. Brammer (a) (b) (c)		
Miss G. Elbourne (a) (b) (c) (d) (Tuberculosis)		
Miss E. Gammage (a) (b) (c) (e)		
Mrs. S. C. Hora (a) (b) (c) (e)		
Miss F. Johnson (a) (b) (c)		
Miss E. C. Knight (a) (b) (c) (e)		
Miss D. E. A. Mansbridge (a) (b) (c) (e)		
Miss H. Massey (a) (b) (c) (e)		
Miss M. G. Miles (a) (b) (c)		
Mrs. D. Orchard (a) (b) (c) (Also District Nurse/Midwife)		
Miss B. M. Perry (a) (b) (c) (e)		
Mrs. G. G. Singer (a) (b) (c) (e)		
District Nurse/Midwives—		
Mrs. H. Beer (a) (b)		Mrs. A. R. Luff (a) (f)
Miss P. M. Bolger (a) (b) (e)		Mrs. M. H. Maneth (a) (b) (c)
Miss L. M. Bown (a) (b) (e)		Mrs. K. L. McKendry (a) (b)
Miss E. Bunce (a) (b) (e)		Miss E. G. Moat (a) (b) (e)
Miss W. Carr (a) (b)		Mrs. D. Newman (a) (b)
Mrs. E. M. Cooper (a) (b) (e)		Miss N. K. Salmon (a) (b) (e)
Miss E. M. Crone (a) (b)		Mrs. F. M. B. Timmins (a) (b)
Miss S. R. Davies (a) (b)		Mrs. A. Turnock (a) (f)
Miss F. C. Fletcher (a) (b) (e)		Miss E. Watts (a) (b) (e)
Mrs. H. Grantham (a) (b) (e)		Mrs. J. Welsh (a) (f)
Miss G. Harrigan (a) (b) (e)		Mrs. E. Wiles (a) (b)

District Midwives—						
Miss Q. Nobbs (a) (b)						Miss A. Thompson (a) (b) (e)
Miss M. Scougall (a) (b)						Miss M. Treacy (a) (f)
District Nurses—						
Mrs. D. Beddall (b)—Part-time						Mrs. G. E. Mackie (a) (b)
Miss I. Davison (b) (c)						Miss I. E. Shotter (a) (b)—Part-time
Miss E. Fishwick (a) (b) (e)						Miss M. Sibbick (b) (e)
Miss M. Hicks (b)						Miss L. J. Simpson (b)
Miss I. Hughes (b)						
Assistant Nurse						Miss I. E. Triggs (f)
(a) State Certified Midwife						
(b) State Registered Nurse						
(c) Health Visitor's Certificate, Royal Sanitary Institute						
(d) State Registered Fever Nurse						
(e) Queen's Institute District Nurse						
(f) State Enrolled Assistant Nurse						
Ambulance Officer						R. F. Sullivan, M.B.E.
Hospital Car Organiser						Miss C. Hind
Home Help Organiser						Mrs. W. Janion
Adviser in Mental Health						C. Davies-Jones, M.B., Ch.B.
Senior Welfare Officer and Duly Authorised Officer						E. Bowley, F.I.S.W.
Duly Authorised Officer and Welfare Officer						G. Gould, A.I.S.W.
Assistant Welfare Officer/Relief Duly Authorised Officer						R. Meakins
Supervisor, Occupation Centre						Miss C. T. Pickering, M.B.E.
Assistant Supervisors, Occupation Centre						Mrs. W. Chapman
						Mrs. K. Shutler

Administrative

Health—						Welfare—
Chief Clerk—Miss H. Rickard						One Clerk—Clerical Division
Two Senior Clerks						One Clerk—General Division
One Accounts Clerk						
One Clerk—Clerical Division						
Three Shorthand-Typists						
One Clerk—General Division						

Report on the Health of the Isle of Wight for the Year 1958

To the Chairman and Members of the Health Committee of the Isle of Wight County Council.

Madam Chairman, Ladies and Gentlemen,

Introduction

This is my second Annual Report as County Medical Officer and is compiled in accordance with Ministry of Health Circular 22/58, in which the Minister asks that the Report should include a brief general review of the manner in which the Local Health Authority Services have functioned during the last ten years within the wider setting of the National Health Service. This review will be found immediately after the introductory letter.

Matters of Life and Death

The number of births in the Isle of Wight fell from 1,217 in 1957 to 1,198 in 1958 but the number of deaths increased from 1,248 to 1,404. In comparing the number of deaths from certain diseases in the two years it can be seen that there were increases in the numbers of deaths due to diseases of the vascular system, including coronary artery disease, bronchitis, pneumonia and accidents of all kinds. The total number of deaths from cancer of the lung and bronchus (40) was the highest in the nine years for which separate figures have been available and was nearly double the total in 1950. The Isle of Wight has a well deserved reputation as being a healthy area in which to live and many elderly people come to reside here in their later years. It is not surprising, therefore, that the proportion of people aged 65 or more in the Isle of Wight is the third highest of all administrative Counties in England and Wales and that nearly four-fifths of the deaths in 1958 in the Isle of Wight occurred in people aged 65 years and over.

A disquieting feature of the vital statistics for the year was that, while the number of still-births was the same as in 1957, the number of deaths of children aged less than one year increased from 17 in 1957 to 28 in 1958. Boys and girls were equally affected, 22 being born in hospital and six at home. Eighteen of the children died in the first month of life, eight surviving less than one day, and 14 less than one week. Ten of the children died from congenital malformations, nine from prematurity, four from infectious illnesses, two from birth injuries, two from rhesus incompatibility and one from an accident. Although the still-birth rate in the municipal borough of Ryde was amongst the lowest on the Island, the infant mortality rate was easily the highest; eleven babies died, all in hospital. Much remains to be learned about the causes of death of babies who are still-born or who die in the first year of life and the health of each mother and her ante-natal care is reviewed. Isle of Wight hospital and local authority medical and nursing staff participated in March, 1958, in a nation-wide enquiry on peri-natal deaths sponsored by the National Birthday Trust Fund.

One Island woman aged 39 died as a result of a severe secondary post partum haemorrhage after her ninth pregnancy. She had been found to be very anaemic during the ante-natal period and despite intensive treatment remained so throughout pregnancy. She was booked for hospital confinement on medical and social grounds and had received adequate ante-natal care from her family doctor and the staff of the hospital ante-natal clinic. The child survived.

Acute Infections.

Infectious Diseases and Preventive Measures

One thousand, four hundred and ninety eight notifications of cases of measles were received, the largest number since 1953. Nearly half the cases occurred in Ryde, and most of the remainder in Newport; about three-fifths of those affected were children of primary school age. The number of notifications of whooping-cough increased from 36 in 1957 to 109 in 1958, nearly half being of primary school children. There was an increase in the number of notifications of food-poisoning, 86 of the 95 people involved being affected in two incidents in a holiday camp and a private hotel. The increase in the number of notifications of dysentery to 19 was the highest in the last ten years, being due almost entirely to an outbreak of the rarer Flexner form of the disease in a hospital for severely sub-normal women and children. No case of diphtheria was notified during the year and the Island has been free from this disease for eight years.

No Island person has been notified as suffering from poliomyelitis since November, 1957. Good fortune has played its part in this happy state of affairs, because the disease has been prevalent in adjacent areas, but credit must be given to local authority medical and nursing staff and family doctors in persuading the parents of patients and sometimes the patients themselves in the eligible and most vulnerable age groups of the value of vaccination. In May, 1958, the Government decided to import and issue American Salk vaccine without further testing in this country and additional vaccination sessions were held to use the larger quantities of vaccine that became available. In July, 1958, the Government decided to extend the offer of vaccination to young people born in years 1933 to 1942, and to hospital and nursing home staff, medical students and their families. Although the response of parents of children aged less than 15 years was very good and 80% of this group was registered at the end of 1958, registrations of young people in their teens and early twenties were disappointing and totalled less than 20 per cent of those eligible. Registrations of young people in the older age group increased in the spring of 1959, partly as a result of local efforts, including the distribution of letters from the County Medical Officer and registration cards for vaccination to young people in Island firms employing more than 20 persons and partly because of the national publicity given to the death from the disease of a well-known professional footballer. In the Isle of Wight these efforts were consolidated in an intensive campaign from May 31st to June 13th, 1959. Island ministers of religion and head teachers played an important part in emphasising the importance of vaccination, and publicity material generously given by a pharmaceutical firm including leaflets, to householders, posters for shop and car window display and gramophone records suitable for use in dance halls and other public places, incorporating a message from a

well-known television personality, were used. All Island Borough and District Councils co-operated fully, in some cases allocating Council accommodation where registration centres could be set up ; Island business and hotel proprietors generously gave every assistance and members of voluntary organisations gave invaluable help in manning registration centres and assisting at vaccination sessions. Between the 25th May and 30th June, more than 3,750 registrations were received, the response to the campaign being greatest in the Borough of Ryde, where nearly 40 per cent of the first thousand registrations were received. The personal interest of members of the Health Committee of the County Council played a large part in the success of these efforts and in May, 1959, the Staff Committee generously agreed to allow the temporary employment of the additional staff needed to deal with the greatly increased clerical work. Medical practitioners no longer in active practice helped local authority medical and nursing staff who willingly worked additional evening sessions, catering particularly for people in the rural areas who found it difficult to travel to the main vaccination centres in ordinary working time, and in the week 6th-13th June more than 5,680 injections were given. By the end of June, 1959, it was estimated that 94 per cent of children aged up to 15 years and 56 per cent of young people aged between 15 and 26 years had been registered. Although there remains a small group of parents and young people who remain unaffected by all our pleas, the response in the Isle of Wight has been very good and better than that in England and Wales generally.

Tuberculosis.

The number of Island patients notified as suffering from tuberculosis fell from 65 in 1957, when the total was raised by the discovery of additional cases during the visit of the mass miniature radiography unit, to 52. As in 1957, nearly 80 per cent of eligible children in their fourteenth year were included in the B.C.G. vaccination scheme and 662 children were vaccinated. It is gratifying to report that in April, 1959, the Ministry of Health offered to approve an extension of the scheme to include, in addition to these children, older groups in schools, i.e. children of fourteen years and upwards and also students attending universities, teacher training colleges, technical colleges, other establishments of further education and also a few children under 13 years of age if they happen to be in school classes where other children are receiving B.C.G. Children found to be Mantoux positive were X-rayed at the Odelca Camera Unit, St. Mary's Hospital, Newport, but as a result of the Interim Report of the Adrian Committee to the Minister of Health on the possible dangers of radiation, full-size films will be taken from September, 1959, onwards.

Hospital
Infection and
the Community

I described in my Annual Report for 1957 how a number of babies discharged from a hospital maternity unit were found to be suffering from superficial skin infection and the successful way in which, with the co-operation of the hospital authorities, the outbreak was brought under control. Since then, County Council midwives and health visitors report any cases of skin infection occurring in children who have been discharged from the unit and this information is passed on to the Consultant Obstetrician.

Towards the end of 1957, a number of cases of diarrhoea occurred in a hospital for severely sub-normal women and children. Bacteriological investigations disclosed that the outbreak was due to Flexner dysentery but despite treatment cases continued to occur. At the request of members of the hospital House Committee, the County Medical Officer convened a meeting attended by the hospital Matron, Deputy Medical Superintendent, Consultant Pathologist and District Medical Officer of Health. Steps were taken to suspend from duty a member of the nursing staff who appeared to be a carrier, to isolate all patients affected, to determine the sensitivity of the organism to drugs and, in the light of the findings, to institute appropriate treatment. The outbreak was quickly brought under control and no further cases have been reported.

The Royal
National
Hospital,
Ventnor

"The National Hospital for Consumption and Diseases of the Chest on the Separate or Cottage Principle" was founded by Dr. Arthur Hill Hassall, who laid his plan for the hospital before the public on the 1st June, 1867. The first patients were admitted in November, 1869, and until 1948 patients from all parts of the country were accepted for treatment, but since 1955 all Island patients suffering from tuberculosis and a decreasing number of mainland patients have been admitted to the Royal National Hospital and in addition an increasing number of patients suffering from non-tuberculous chest diseases have been treated. There are active out-patient physiotherapy and chest clinics serving the needs of out-patients living in the Ventnor area and a well-equipped operating theatre and laboratory at the hospital.

In August, 1958, the Secretary of the Western Area of the South-West Metropolitan Regional Hospital Board informed the Clerks of the Isle of Wight County Council and the Local Executive Council and the Secretary of the Isle of Wight Local Medical Committee that the Board had considered the future of the Royal National Hospital, where only 80 of the 240 beds were occupied, 54 of the patients having homes on the mainland, mainly in the London area. The Board had concluded that it would soon be necessary to close the Royal National Hospital for hospital purposes and invited comments from these bodies. At a meeting of representatives of these bodies and of Ventnor Urban District Council on 30th October, information was given about the urgent need for more accommodation for people who were chronically sick, mentally ill or severely sub-normal, convalescent, and the need for a national centre for the treatment of conditions like Parkinson's disease. The County Council represented to the Regional Hospital Board that tuberculous and other patients suffering from chest diseases should continue to be treated as in-patients and out-patients at the Royal National Hospital, Ventnor, which was the most suitable place in the Island ; the hospital could be readily adaptable without excessive expenditure to cater for a number of different categories of hospital patients, including the chronically sick, the mentally ill and the severely sub-normal, and the beds could also be available for convalescent patients from the Island and the mainland and for the treatment of conditions like Parkinson's disease. Further representations were made to members of the Western Area Committee when they visited the Island in January, 1959, but on

1st April, 1959, the newly-formed Wessex Regional Hospital Board decided to advise the Minister to agree to the closure of the hospital. At a further meeting of Island bodies particularly interested in the future of the Royal National Hospital in May, 1959, it was agreed to ask the Minister of Health to receive a deputation led by the Member of Parliament. The Minister is being asked to agree that the hospital might continue to be used for the treatment of specific diseases like Parkinson's disease and disseminated sclerosis on a national basis, and that temporarily it might be used for the treatment of the chest diseases of those refugees who may be admitted in connection with the World Refugee Year. If it was impossible to re-establish the hospital to deal with a disease or group of diseases, it was suggested that further consideration should be given to its use either on a short or long term basis as a multi-purpose hospital. "To leave idle or even to abandon a well-equipped, beautifully sited hospital, which when full can be maintained and run at a reasonable cost, and at the same time to build new accommodation for patients suffering from chest diseases and other conditions for which there is at present bed shortage in the Island was a flagrant misuse of the capital resources of the country." In the event of a national emergency much of the Island's hospital accommodation was vulnerable to severe damage, if not total destruction, from a nuclear attack on Portsmouth or Southampton. Casualties could not be evacuated from the Island to the mainland, and the Royal National, "as completely protected by distance and the screening of high cliffs as it is possible to be in the Island, would be a vital part of any wartime hospital organisation in the Island." There is, throughout the country, a shortage of hospital beds, and it is stated in the latest report of the Ministry of Health for the year ended 31st December, 1958, that 443,000 people are awaiting admission.

Care of the
Expectant
Mother

In October 1958, the Health General Purposes Sub-Committee reviewed the existing arrangements for ante-natal care in the Isle of Wight. Patients attending local health authority clinics also attend their family doctors' surgeries and sometimes also hospital ante-natal clinics. Sometimes inconvenience is caused to the patient because it is difficult to arrange appointments to suit her needs. In addition, the report on confidential enquiries into maternal deaths in England and Wales in 1952-1954 indicated that a percentage of these deaths occurred as a result of confusion about the ultimate responsibility between the family doctor, clinic medical officer and midwife. It was felt that the pattern of ante-natal care throughout the country was changing and it was suggested that in areas where clinic premises were suitable facilities should be offered to family doctors to conduct their own ante-natal and post-natal clinics with the help of the County Council's midwives and health visitors. In this way the whole of the ante-natal care would be carried out by one doctor in the same building, doctor and midwife could plan the pattern of care for each patient and arrange for the immediate follow-up of a patient who failed to keep her appointment and the valuable health education aspect of the local authority clinic would be retained.

An approach was therefore made to all doctors in the Cowes area and five of the six West Cowes practitioners have held clinics in the newly opened health centre since January, 1959; all the East Cowes practitioners have co-operated and since June, 1959, clinics in East Cowes have been held in the headquarters of the British Red Cross Society, where all local health authority clinics have been centralised. As a result of the success of these arrangements, a similar approach was made to family doctors in the Ryde area, three of whom began to hold ante-natal clinics at Well Street in July, 1959. The arrangement of ante-natal care in this form is recommended in the report of the Maternity Services Committee which appeared in February, 1959, and which envisaged that the general practitioner obstetrician would ultimately replace the local authority medical officer in providing maternity care in local authority ante-natal clinics.

The practice of seconding midwives to attend the clinics of certain general practitioners in Newport, Shanklin, Shorwell and Wootton continued and one practitioner in Cowes and one in Ryde continued a pre-existing arrangement and did not avail themselves of the opportunity to work in a local authority clinic. About half the total of expectant mothers accepted the offer of chest X-rays at St. Mary's Hospital, Newport, and the Royal National Hospital, Ventnor, but in view of the recommendation that full-size films should be taken in view of the potential danger from radiation, X-rays taken after September, 1959, will be arranged at St. Mary's Hospital, Newport, at the Royal Isle of Wight County Hospital, Ryde, at the Frank James Hospital, East Cowes, and at Shanklin Cottage Hospital.

Dr. Brodigan conducted an investigation into the haemoglobin levels of 202 expectant mothers attending four ante-natal clinics from September, 1957, onwards, and found that 87 per cent of the patients had a haemoglobin level of less than 90 per cent at about the 20th week of pregnancy and 37 per cent had a level below 80 per cent; 121 of the patients, by October, 1958, received a second blood examination between the 32nd and 36th weeks of pregnancy; 59 per cent of these patients showed a further fall in haemoglobin level, nearly half showing a drop of more than 10 per cent. This small investigation emphasised the value of the administration of iron early in pregnancy and the Health Committee agreed to the purchase of a suitable preparation.

In July, 1958, all new patients attending one of the local authority ante-natal clinics were given ferrous gluconate (which was generously provided free of cost by the manufacturers, Evans) as a routine procedure. The haemoglobin levels were investigated at the 28th and 36th weeks of pregnancy and compared with another group of 20 patients of similar age and parity attending other ante-natal clinics who were not given iron preparations. It was found that 85 per cent of the patients receiving ferrous gluconate showed a rise in haemoglobin level between the 20th and 36th weeks of pregnancy but that only 30 per cent of the patients not receiving iron showed a similar rise.

One hundred
years of District
Nursing

In 1859 William Rathbone of Liverpool persuaded the first district nurse to start work, and later an association for district nursing was formed by him, working with the guidance and help of Florence Nightingale. In 1887 Queen Victoria gave the greater part of the Women's Offering on the occasion of her Jubilee and made possible the foundation of the organisation which at first bore her name but which is now known as the Queen's Institute of District Nursing.

In the early years of this century, the district nursing service of the Isle of Wight was founded as the Isle of Wight Rural Midwifery and Nursing Association, in 1917 the County Nursing Association was formed, and in 1918 the Association became affiliated to the Queen's Institute. Since 1948 the Isle of Wight County Council has been responsible for the District Nursing Service, which steadily developed. During 1958, 65,834 visits were paid to 3,778 patients, more than 43 per cent of whom were aged more than 65 years.

Training of
District Nurses

Following a report of a working party on the training of district nurses, meetings were held between the Education Officer of the Queen's Institute of District Nursing, the Superintendent of the Southsea Training Home of the Queen's Institute and the County Nursing Officer to discuss the possibility of providing training as Queen's Nurses by the Isle of Wight County Council in co-operation with the Southsea District Nurses' Training Home. In this way it was hoped that Isle of Wight nurses might receive Queen's Institute District Nurse training without prolonged absence from the Island, by enabling candidates to attend the necessary course of lectures given by specialists in each subject and receive practical tuition in an area of greater population where wider experience can be obtained, and to reduce the cost of training by participating in the existing training scheme in Southsea.

It was possible to put forward a scheme for a course of four months' duration, during which candidates would work for two months in Southsea, where lectures would be given and visits of observation made and two months working under supervision in the Ryde area, where study days and tutorials and adequate facilities for training purposes were available. The scheme was approved by the Queen's Institute of District Nursing and the first student successfully completed her training on 30th April, 1959.

Organisation of
Nursing Staff

Towards the end of 1958, the Health Committee reviewed the establishment of the nursing staff and agreed that there should eventually be about 53 nurses employed by the County Council, including the supervisory administrative staff. Since 1948, the number of trained health visitors has been increased and in 1958 and 1959 four students, including two nurses already employed by the County Council, have successfully completed the course for the Health Visitors' Examination of the Royal Society of Health at Southampton University. All have been sponsored by the County Council and have undertaken to work for two years in the Isle of Wight.

Fluoridation
of Water

The Health Committee received a report from the Chief Dental Officer on the fluoridation of water, and recommended that the Isle of Wight Water Board should investigate the fluorine content of the main sources of supply on the Isle of Wight. The investigations showed that 0.1 to 0.2 parts per million of fluorine were present in representative samples of water examined. The Local Medical Committee unanimously supported an earlier recommendation of the Local Dental Committee that the concentration of fluorine in water should be increased to the desired content of one part per million. However, public support must be obtained before any practical steps can be taken to introduce this valuable method of reducing the incidence of dental caries.

Sterile Syringe
Service

The Portsmouth and Isle of Wight Area Pathological Board offered the County Council the facilities of its very efficient sterile syringe service. The Health Committee decided not to include a sum of money to purchase and maintain the necessary equipment in its estimates for the financial year 1959-60, but it is hoped that the matter will be reviewed later.

The Younger Patient.

Care of the
Chronically
Sick and Infirm

Young adults sometimes develop chronic and progressive diseases and little special residential accommodation, apart from that provided by voluntary bodies, exists in England and Wales for their care. During 1958, two Island young men urgently needed accommodation. One man aged 31 years, suffering from epilepsy, was eventually admitted to the ward for chronically sick patients, mainly elderly, at St. Mary's Hospital, Newport; the other, aged 38 years and suffering from muscular dystrophy, had been admitted as a matter of urgency to an old people's guest house in November, 1957. Between 1954 and 1958 applications had been made to fourteen hospitals and homes for his admission before eventually, with the help of officers of the Ministry of Health, he was admitted to the Royal Hospital and Home for Incurables, Putney, in January, 1959. A third young man, suffering from muscular dystrophy, will probably need accommodation for short-term care in the near future, but tentative arrangements for long-term accommodation have so far proved unsuccessful.

In a survey carried out in July, 1959, it was found that 37 patients aged less than 50 years were known to members of the County Council staff, and most were receiving treatment or help from the nursing or home help services. Fourteen of the patients were suffering from disseminated sclerosis.

The Elderly.

In September, 1958, a meeting convened by the County Council to discuss the problems of the chronically sick and elderly people living on the Island was attended by representatives of Borough and District Councils, the Hospital Management Committee, the Local Medical Committee and voluntary organisations. Although some representatives of the Borough and District Councils indicated that the contents of Ministry of Housing and Local Government Circular 18/57, in which County Councils can make contributions towards the provision of welfare amenities in housing specially suited to the needs of old people, were being studied, no application for assistance has since been received.

A major difficulty in assessing the need on the Island for hospital accommodation for elderly chronically sick patients has been the reluctance of family doctors to place patients' names on the waiting list because of the small likelihood of obtaining a vacancy, which usually occurs only on the death of an existing patient. The pressure on women's beds is particularly severe and, although the official hospital waiting list indicated that there were about 25 elderly women awaiting admission, a survey carried out by the County Medical Officer in October, 1958, disclosed that family doctors considered that 75 patients (53 women and 22 men) ought to be admitted and 33 patients should be in hospital as soon as possible.

In the light of these findings, a very helpful meeting was held between representatives of the Hospital Management Committee, the County Council and the Local Medical Committee in January, 1959. It was agreed that up-to-date information should be obtained from all family doctors about chronically sick patients urgently in need of hospital care, and that similar information should be obtained about patients in old people's guest houses who were chronically sick. In this way, a realistic waiting list has been obtained and in July, 1959, patients were admitted to a newly decorated ward in St. Mary's Hospital made available by the transfer of mentally sick patients to the new geriatric unit at Whitecroft Hospital. Among them were a number of patients who had been devotedly cared for for several months in County Council guest houses. In addition it was recommended that the possible demand for a convalescent home for elderly sick and acute cases should be explored; the possibility of using part of the new geriatric unit, Thompson House, at Whitecroft Hospital as a day treatment centre for mentally confused elderly patients should be examined; and that a useful purpose would be served by a survey being arranged by the County Medical Officer of persons aged 80 years or more living alone, with a view to their education in health problems before becoming chronically sick cases and to their inclusion in existing schemes for domiciliary welfare.

The domiciliary health and welfare services on the Island have been geared for some years to deal with a high proportion of elderly patients.

Hitherto, assistance to the elderly has taken the form of domiciliary nursing care during sickness. During the past year, the services of home nurses and health visitors have been extended to the continued supervision of elderly persons known to the Health Department and the co-ordination of statutory and voluntary services to assist elderly persons to obtain adequate nourishment, domestic assistance and friendly visiting in order to attempt to prevent the recurrence of illness and accidents in the home.

Accidents in the Home

More than 6,000 people die each year in England and Wales as a result of accidents in their homes and of these fatalities about 700 are due to burns and scalds. In Ministry of Health Circular 6/58, it is stated that many of these accidents could be avoided and many others reduced in severity by wider knowledge of risks, by approved design, construction and siting of household fixtures and apparatus and by keeping the public informed of the precautions which should be taken in the home, particularly where there are young children or old people. In the Isle of Wight it has been suggested that a medical advisory panel, containing representatives of the hospital service, the Local Medical Committee and the Local Health Authority, might advise the existing active Road Safety Committee. This matter is still being considered by the Road Safety Committee. With the permission of the patient or parent, the County Medical Officer is informed of patients injured in home accidents and attending hospitals as in-patients or out-patients. This information is supplemented by returns from the ambulance service and health visitors call at the homes of those involved and give advice and help where necessary.

Development of the Mental Health Services

The Royal Commission on the law relating to mental illness and mental deficiency recommended that there should be a reorientation in the mental health services away from institutional care and towards care in the community. The government accepted the main proposals in this Report and introduced a Mental Health Bill, which received the Royal assent on 29th July, 1959. The Mental Health Sub-Committee has considered the recommendations of Ministry of Health Circular 9/59 and recommended that consultations should take place with the Local Executive Council, Hospital Management Committee and Regional Hospital Board; the possibility of using one of the County Council guest houses for the care of elderly mentally infirm residents should be kept in view; the staff of the Social Welfare Section of the Health Department should be strengthened, and as a long term plan the possibility of sharing consultant psychiatric staff with the Regional Hospital Board should be explored.

Co-operation with Voluntary Organisations

An overall review of the happy relations existing between the local authority and voluntary bodies is given in the ten-year review following the introductory letter, but it is worthy of note that in 1958 the "Meals on Wheels" service organised by the Women's Voluntary Services was extended to the Ryde area and in 1959 the possibility of serving meals in the areas of the Sandown-Shanklin and Ventnor Urban District Councils was explored.

The St. John Ambulance Brigade and the British Red Cross Society form a very useful service in providing medical loan depots in different parts of the Island, and in April, 1959, the British Red Cross Society took over the medical loan arrangements in the Newport area, thus freeing much needed accommodation in County Hall.

Most Island voluntary organisations took part in the recent poliomyelitis vaccination campaign, and St. John Ambulance Brigade cadets in Ryde, Newport, Ventnor, Seaview, Bembridge and Wootton Bridge distributed more than 17,000 leaflets to householders.

Conferences

A two-day course on the care of the aged, organised by the Central Council for Health Education and the Isle of Wight County Council, was held at County Hall in May, 1958, and the attendance and interest shown in the subjects discussed was very encouraging. In June 1958 most interesting lectures on home safety and the use of poster material were given by the Publications Officer of the Central Council to Home Helps and Health Visitors. The Royal Society for the Promotion of Health accepted an invitation from the Isle of Wight County Council to hold a sessional meeting in Newport in June 1959. This was the first occasion on which this important body, the largest public health organisation in the world, had held a meeting in the Island, and more than 120 delegates from this and other areas attended. Papers were given on the public health and engineering aspects of sewage contamination of coastal waters and on static caravan sites. The papers and the discussion that followed were of a very high standard. Later in the day visits were paid to factories, sewage works, schools, an old people's guest house and blind home and the occupation centre.

Premises

Cowes health centre was completed in November, 1958, and officially opened by Dr. W. S. Wallace, M.C., in May, 1959. The Health Committee agreed to the inclusion of provision for a workshop for older pupils at the occupation centre in the financial year 1959/60 and the erection was completed in July, 1959. The adaptations to Inver House, Bembridge, were completed in December, 1958, and the home was soon fully occupied; the lively interest of Bembridge residents in the activities of the home is shown by the fact that within a few days well-wishers had contributed a sum of money to buy a television set for the residents.

People

Miss E. Moss, District Nursing Superintendent for Ryde from 1938 until the 4th July, 1948, and Deputy County Nursing Officer since that date, will be retiring in December, 1959. Much of the happy working relationships of members of the nursing staff is due to the quiet and efficient way in which she has carried out her duties.

Dr. Margaret Brodigan, who has held the post of Assistant County Medical Officer of Health and School Medical Officer since 24th May, 1956, was promoted to the position of Senior Assistant County Medical Officer of Health in April, 1959, and recommended for the appointment of Medical Supervisor of Midwives in July, 1959.

Although many members of voluntary organisations have helped Health and other Departments in recent years, I think it is appropriate to mention the outstanding service rendered by Miss I. M. Life, M.B.E., who will be retiring in September 1959 and had been officer-in-charge of the May Lady Tennyson ambulance for many years and Miss M. Sanders, Commandant of the Newport V.A. Detachment. In addition to organising training, lectures and other practical work, Miss Saunders has lectured on first aid and home nursing, acted as welfare officer for the Society in the Carisbrooke area and undertaken first aid duty at the hut on Ryde sea front. She has organised the attendance of Red Cross members at hospital physiotherapy clinics and local authority infant welfare and poliomyelitis sessions. Finally, she has willingly acted as escort to patients travelling to hospitals on the mainland, often at very short notice.

The Press

Very cordial relations exist between the officers of the County Council Health Department and the editors and staff of Island newspapers and the local representatives of the Portsmouth and Southampton papers. Every co-operation has been given by the press in publicising Public Health activities which are primarily concerned with the prevention of disease, particularly in relation to the poliomyelitis vaccination campaign.

Acknowledgements

I am very grateful to several members of the staff of the County Health Department, some named and others unnamed, who have helped in the compiling of this report, and particularly to Dr. John Mills, Miss H. M. Rickard, Chief Clerk, Mr. E. G. Bowley, Senior Welfare/Duly Authorised Officer, Miss M. I. Martin, who has unfortunately been seriously ill during the past two years, and to Dr. M. Brodigan. All have played a very loyal part in the development of the local health and welfare services during a very difficult period.

Finally I am glad to acknowledge the assistance given by the Chairman and members of the Health Committee of the County Council; the Clerk of the Council and other Chief Officers and the Chairman and Officers of the Local Executive Council and Hospital Management Committee.

Yours faithfully,

J. F. SKONE,

County Medical Officer and County Welfare Officer.

County Hall,
Newport, I.W.
August, 1959.

TEN-YEAR REVIEW OF THE RELATIONSHIP BETWEEN THE LOCAL AUTHORITY HEALTH AND WELFARE SERVICES AND THE OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.

There are close and cordial links between the local authority and the hospital, general practitioner and voluntary services in the Isle of Wight, and they are summarised in this brief review, which has been prepared at the request of the Minister of Health in accordance with Circular 22/58.

(1) THE LOCAL AUTHORITY AND THE HOSPITAL AND SPECIALIST SERVICES.

(a) **The Regional Hospital Board.**

(i) *Membership of Regional Hospital Board.*

The Chairman of the County Council Health Committee was a co-opted member of the Western Area Committee of the South West Metropolitan Regional Hospital Board, but on the formation of the Wessex Regional Hospital Board, which the County Council supported, the only Island member was a consultant physician.

(ii) *Liaison between Officers.*

There are friendly relationships between officers of the Wessex Regional Hospital Board and the County Council, and the Senior Administrative Medical Officer has given advice on the revision of a plan for dealing with major accidents, outbreaks of infection in hospitals and the need for co-operation with the Medical Officers of Health, Island hospital organisation in the event of a national emergency and the development of mental health services, particularly child psychiatry. The Medical Officers of Health Liaison Committee has met at intervals during recent years.

(iii) *Mass Radiography.*

The Mass Miniature Radiography Unit of the Regional Hospital Board visited the Island in 1954 and in 1957, when more than 14,500 people were X-rayed and 17 cases of active pulmonary tuberculosis were discovered.

(b) **Isle of Wight Group Hospital Management Committee.**

(i) *Membership of Hospital Management Committee.*

Three members and two co-opted members of the County Council are members of the Management Committee.

(ii) *Liaison between Officers.*

There is close co-operation between the County Medical Officer and the Group Secretary on all matters of mutual interest.

(iii) *Membership of Advisory Committees.*

The County Medical Officer and the Deputy County Medical Officer, in his capacity as Senior Hospital Medical Officer for Infectious Diseases, are members of the Medical Advisory Committee, and the County Nursing Officer is a member of the Nursing Advisory Committee. The County Medical Officer is also a member of the Emergency Services and Longford Hospital House Committees.

(iv) *Clinical Co-operation.*

There is close co-operation between the County Medical Officer and hospital medical staff, particularly those caring for sick children, elderly chronically sick patients and mentally ill and infirm patients. The Senior Assistant Medical Officer of Health attends the children's orthopaedic clinic and an Assistant Medical Officer of Health the paediatric out-patients. Until January, 1959, Assistant Medical Officers of Health undertook the clinics dealing with patients suffering from venereal and allied diseases. Since then, women patients have continued to be seen and treated where necessary by an Assistant Medical Officer of Health.

The need for ambulance transport to the mainland is dealt with personally by the County Medical Officer or his deputy, and detailed arrangements have been laid down for the conveyance of patients by helicopter.

(v) *Co-operation of Nursing Staff with Hospitals.*

A health visitor is attached to the chest clinic and other health visitors call regularly at the wards of the maternity unit and the children's ward, Royal Isle of Wight County Hospital, Ryde. Since May, 1959, health visitors have assessed the social need for priority in the admission of chronically sick patients to hospital.

(vi) *Education of Sick Children.*

The Education Committee employs a peripatetic teacher to instruct individual or groups of sick children in hospital and, if necessary, on their discharge home.

(c) **Portsmouth and Isle of Wight Area Pathological Board.**

The Chairman of the County Council Health Committee and the County Medical Officer are members of the Board. There is close co-operation with officers of the Board, particularly since the bacteriologist is also Director of the Public Health Laboratory Service in the Portsmouth area.

(2) THE LOCAL AUTHORITY AND THE GENERAL PRACTITIONER SERVICE.

The general practitioner is accepted as the clinical leader of the domiciliary team and every effort is made to help him in his work.

(i) The County Medical Officer is a member of the Local Medical Committee, on which almost all practices in the Isle of Wight are represented and which meets each month, and is secretary of the Local Obstetric Committee, and has found both to be invaluable in promoting good relationships.

(ii) Every effort is made to ensure that the Health Department midwives and health visitors work as closely as possible with the general practitioner in the care of the expectant mother. In some areas the midwife attends the general practitioner's surgery at specially arranged times, and in others, particularly in Cowes and Ryde, general practitioners attend local authority clinics in accordance with the recommendations of the Maternity Services Committee.

(iii) Every effort has been made to ensure that the health visitor in each area knows and works closely with the general practitioners living and practising there.

(iv) The home nursing service and the home help service are well known to and appreciated by general practitioners.

(v) It is essential that there should be close collaboration between Health Departments and local general practitioners in the control of infectious diseases, and Island practitioners have acted as spotters in extensive outbreaks of influenza in 1957 and 1959. Members of the Local Medical Committee are assisting in an investigation of the epidemiology of Brucellosis.

There has been close co-operation in connection with immunization and vaccination schemes and a common policy has been agreed between the County Council and general practitioners in immunization against whooping-cough, diphtheria and tetanus. Co-operation has been particularly effective in ensuring that practitioners play their full part in the poliomyelitis vaccination campaign, and has included special arrangements to ensure that practitioners received vaccine as soon as possible when the supply position was difficult, and the preparation of appointment slips and reminders to parents.

(vi) The welfare and mental health sections of the Health Department are well known and fully used by general practitioners, and the fact that the health and welfare services are integrated makes the arrangement of additional services, e.g. home help and home nursing, particularly easy. There are four guest houses for old people and a combined guest house and home for the blind, accommodating in all 189 people. There is a very active occupation centre, to which a small workshop has recently been added.

(3) THE LOCAL AUTHORITY AND VOLUNTARY BODIES.

Much voluntary work closely connected with the work of the Health Department is undertaken in the Isle of Wight, and we hope that this happy state of affairs will always continue. The activities of voluntary organisations can be summarised as follows:—

(a) Voluntary workers have for many years attended child welfare clinics and have played an invaluable part in making easier the duties of the medical and nursing staff.

(b) The St. John Ambulance Brigade are responsible for medical loan depots in Sandown and Wootton.

(c) The British Red Cross Society are responsible for medical loan depots in Arreton, Bembridge, Cowes, East Cowes, Freshwater, Godshill, Newport, Niton, Ryde, Shanklin and Ventnor; organise much appreciated classes for handicapped persons in East Cowes, Freshwater, Newport and Ryde, and make available for Health Department activities their centrally situated and well equipped headquarters in East Cowes.

The ever ready response and willing assistance rendered by members of the British Red Cross detachments when called on, on many occasions, to escort patients on journeys to hospitals on the mainland, is very much appreciated.

(d) The Women's Voluntary Service provides meals on wheels, mainly for elderly people, in Newport and Ryde, and the possibility of extending this service is being explored. The service also organises Darby and Joan Clubs in Newport, Ryde, East and West Cowes, Ventnor, Sandown, Shanklin, Brading and Freshwater; assists with the distribution of welfare foods in Newport, Ryde, East Cowes, Shanklin and Ventnor, and is responsible for the organisation of the much appreciated hospital car service.

(e) The Isle of Wight Old People's Welfare Association organises a voluntary visiting service and until the end of June, 1959, when financial difficulties proved insuperable, were responsible for a chiropody service for nearly 500 old people.

(f) The Isle of Wight Society for the Blind is a most active body and acts as the Council's agent in providing welfare services for blind and partially sighted people on the Island. The Society raised more than £21,000 to erect an Island home for blind people, which was then presented to the Isle of Wight County Council.

(g) The Hampshire, Isle of Wight and Channel Islands Association for the Deaf organises services for deaf and hard of hearing people in the Island. There is an active social club in Newport, at which lip-reading classes are held, and monthly services are held in St. Thomas' Church, Newport.

(h) Other local bodies concerned with specific health functions are the Isle of Wight Moral Welfare Association, the Isle of Wight Branch of the Family Planning Association and the Isle of Wight Spastics Society, which has raised funds for the building, in co-operation with the County Council and the Hospital Management Committee, of a Day Unit for cerebral palsied children.

- (i) Support is also given to various national bodies, such as
- Central Council for Health Education.
 - National Association for Maternal and Child Welfare.
 - National Association for the Prevention of Tuberculosis.
 - Royal National Institute for the Blind.
 - National Library for the Blind.

SUMMARY.

The "teething troubles" of the National Health Service in the Isle of Wight have now been overcome and there is an effective working relationship at officer and member level between the Local Authority, the Local Executive Council and the Group Hospital Management Committee, and all bodies are strongly supported by voluntary effort.

TABLE I. POPULATION OF COUNTY DISTRICTS.

Sanitary Authority.	Population at 1951 Census.	Registrar General's Estimate of Population for :				
		1954	1955	1956	1957	1958
I.W. Rural District ...	17929	17750	17850	17640	17560	17560
Cowes U.D. ...	17154	16820	16860	16840	16910	16950
Newport M.B. ...	20426	19810	19190	20160	19880	19730
Ryde M.B. ...	20084	19760	19930	20030	20120	20060
Sandown-Shanklin U.D.	12693	12470	12530	12550	12580	12580
Ventnor U.D. ...	7308	6890	6840	6780	6750	6720
Whole County ...	95594	93500	93200	94000	93800	93600

TABLE II. VITAL STATISTICS OF ALL DISTRICTS—1958.

Area.	Rural District	Cowes.	Newport.	Ryde.	Sandown- Shanklin.	Ventnor.	Whole County.	England & Wales: Rate per 1000
No. of live births ...	230	236	242	267	147	76	1198	
Males ...	119	126	117	152	94	42	650	
Females ...	111	110	125	115	53	34	548	
No. of stillbirths ...	6	6	5	4	2	2	25	
Males ...	2	3	2	2	1	1	11	
Females ...	4	3	3	2	1	1	14	
Live birth rate per 1000 population (crude) ...	13.1	13.9	12.3	13.3	11.7	11.3	12.8	16.4
Comparative factor for calculation of birth rate ...	1.15	1.07	1.15	1.08	1.19	1.08	1.12	
Comparative birth rate ...	15.1	14.9	14.1	14.3	13.9	12.2	14.3	
Still birth rate per 1000 total (live and still) births ...	25.4	24.8	20.2	14.7	13.4	25.6	20.4	21.6
Total number of live and still-births	236	242	247	271	149	78	1223	
Number of deaths of infants under 1 year of age ...	6	5	3	11	2	1	28	
Infant mortality rate per 1000 live births ...	26.1	21.2	12.4	41.2	13.5	13.1	23.4	22.5
Infant mortality rate per 1,000 leg- itimate live births ...	27.1	22.3	13.0	39.8	14.7	13.9	23.8	
Deaths of Infants under 4 weeks of age ...	4	3	2	8	—	1	18	
Number of Women dying in or in consequence of child birth ...	—	—	—	1	—	—	1	
Maternal mortality rate per 1,000 live and still births ...	—	—	—	3.7	—	—	0.8	0.43
Total No. of Deaths ...	258	238	338	292	199	79	1404	
Males ...	123	124	157	135	100	39	678	
Females ...	135	114	181	157	99	40	726	
Crude death-rate per 1000 population	14.6	14.0	17.1	14.6	15.8	11.7	15.0	11.7
Comparative factor ...	0.76	0.88	0.67	0.77	0.71	0.73	0.76	
Comparative death-rate ...	11.1	12.3	11.5	11.2	11.2	8.5	11.4	
Population—Registrar General's Es- timate (Civilians and Non-Civilians)	17560	16950	19730	20060	12580	6720	93600	
Infant mortality rate per 1,000 illeg- itimate live births ...	—	—	—	62.5	—	—	15.6	
Neo-Natal mortality rate per 1,000 live births ...	17.4	12.7	8.3	29.9	—	13.1	15.0	16.2
Illegitimate live births per cent of total live births ...	3.9	5.1	4.9	6.0	7.5	5.3	5.3	

TABLE III. VITAL STATISTICS OF THE ISLE OF WIGHT FOR THE TEN YEARS
(1949—1958 Inclusive.)

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of live births ...	1363	1265	1230	1239	1215	1229	1198	1168	1217	1198
No. of still births ...	41	28	44	18	32	32	26	27	25	25
Live birth rate per 1,000 population ...	14.7	13.4	13.1	13.3	13.04	13.1	12.9	12.4	13.0	12.8
Still birth rate per 1,000 total (live and still) births ...	29.2	21.65	34.5	14.3	25.7	25.4	21.2	22.6	20.1	20.4
Live birth-rate per 1,000 population England & Wales	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4
No. of deaths of infants under 1 year of age	42	29	31	27	23	32	28	20	17	28
Infant mortality per 1,000 live births	30.8	22.9	25.2	21.8	18.9	26.0	23.4	17.1	14.0	23.4
Infant mortality rate for England & Wales	32.0	29.8	29.6	27.6	26.8	25.5	24.9	23.8	23.0	22.5
Population Registrar General's estimate...	93320	94210	94200	92900	93140	93500	93200	94000	93800	93600
No. of women dying in consequence of Childbirth:										
(a) From Sepsis	1	} 2	3	2	3	2	1	1	—	1
(b) From other causes	3									

DEATHS.

The number of deaths corrected for inward and outward transfers was 1,404 giving a rate of 15.0 per 1,000 of the population. If this is multiplied by the comparability factor of 0.76, we have an adjusted death rate of 11.4 comparable with that of England and Wales which was 11.7 per 1,000.

Of the 1,404 deaths, 1102 or 78.5 per cent occurred in the 65 and over age group.

The deaths in the Island exceeded the live births by 206.

TABLE IV.—THE NUMBER OF DEATHS FROM CERTAIN DISEASES FOR THE TEN YEARS,
1949—1958.

CAUSES OF DEATH.	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Whooping Cough	—	—	—	—	—	1	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	28	24	19	14	14	16	10	8	4	5
Other forms of tuberculosis ...	4	3	1	3	1	—	1	1	2	1
Influenza	18	10	41	3	24	4	8	9	14	5
Measles	1	—	—	—	1	1	—	—	—	—
Acute poliomyelitis and polio- encephalitis	1	4	2	—	1	—	—	1	—	—
Cancer—all sites	186	210	206	230	244	212	232	219	239	231
Cancer—of lung and bronchus ...	—†	22	27	35	32	25	35	36	37	40
Vascular lesions of nervous system	137	192	184	190	212	210	198	188	188	218
Coronary disease—angina	—†	131	145	160	175	156	165	163	174	204
Other heart diseases	518	370	406	370	311	339	330	302	277	254
Other disease of circulatory system	33	41	33	41	38	39	43	57	40	55
Bronchitis	54	54	60	32	57	40	51	56	39	46
Pneumonia	35	28	37	38	60	61	57	75	34	90
Other respiratory diseases	11	7	19	9	6	13	18	15	11	20
Gastritis, enteritis and diarrhoea ...	2	—	7	4	1	8	7	5	10	8
Puerperal and post-abortive sepsis	1	} 2	3	2	3	2	1	1	—	1
Other maternal causes	3									
Congenital malformations	23	11	5	13	5	9	7	6	11	7
Motor vehicle accidents	6	3	3	4	3	11	9	6	6	6
All other accidents	—	18	19	14	18	25	26	27	16	31
Other violent causes	25	8	4	13	16	9	10	9	11	14
Isle of Wight.										
Death rate per 1,000 Population ...	13.9	14.2	14.8	14.3	14.4	14.2	14.4	13.9	13.3	15.0
Comparable death rate per 1,000 ...	10.7	11.1	11.1	10.7	10.8	10.5	10.7	10.3	10.0	11.4
England & Wales.										
Death rate per 1,000 Population ...	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7

†For year 1949 separate figures not available.

TABLE V. DEATHS IN VARIOUS AGE GROUPS FOR THE TEN YEARS 1949—1958.

AGES.			1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
0 - 1	Males ...	...	27	15	12	17	14	21	17	11	10	14
	Females ...	...	15	14	19	10	9	11	11	9	7	14
	TOTAL ...	...	42	29	31	27	23	32	28	20	17	28
1 — 4	Males ...	...	8	1	—	5	3	6	2	4	1	3
	Females ...	...	2	—	1	—	4	1	2	4	2	3
	TOTAL ...	...	10	1	1	5	7	7	4	8	3	6
5 — 14	Males ...	...	4	5	2	3	4	1	2	6	7	4
	Females ...	...	2	4	1	2	2	1	5	2	1	2
	TOTAL ...	...	6	9	3	5	6	2	7	8	8	6
15 — 44	Males ...	...	37	31	19	30	18	27	25	19	17	33
	Females ...	...	32	25	33	22	22	15	15	15	20	19
	TOTAL ...	...	69	56	52	52	40	42	40	34	37	52
45 — 64	Males ...	...	139	124	152	131	125	144	132	122	134	136
	Females ...	...	95	104	89	86	121	101	108	111	92	74
	TOTAL ...	...	234	228	241	217	246	245	240	233	226	210
65 and over	Males ...	...	433	464	481	476	456	463	481	459	436	488
	Females ...	...	496	555	582	551	564	536	539	540	521	614
	TOTAL ...	...	929	1019	1063	1027	1020	999	1020	999	957	1102
GRAND TOTAL			1290	1342	1391	1333	1342	1327	1339	1302	1248	1404

GENERAL PROVISION OF HEALTH SERVICES.

Public Health Act, 1936, Sections 187—195.

Registration of Nursing Homes.

During 1958 one new nursing home was registered, six were closed and 18 were on the register on the 31st December, 1958. Of these six were for maternity cases, four for medical cases only, two for maternity and medical and six for convalescent cases only (four for adults and one for children).

Thirty-nine visits of inspection to the registered homes were made by the medical staff during the year

Medical Examinations.

During the year 259 examinations were carried out by Medical Staff and the details can be summarised as follows :—

(1) Children in Care.

- (A) **Boarded-Out Children.** Under the Boarding Out of Children Regulations, 1955, which became effective on the 1st January, 1956, the requirements regarding medical examinations are as follows :—

“A child shall be examined by a qualified medical practitioner

- (a) If the child is **under two years of age.**

- (1) Within one month of placement in a foster home.
- (2) Thereafter once in every six months.

- (b) If the child is **over two years of age.**

- (1) Within one month of placement in a foster home if the child has not been examined within three months prior to the removal.
- (2) Thereafter once in every year.”

During the year 119 children were examined under these Regulations.

(B) **Children in Council Homes.**

i.e.—On admission (by a local Medical Practitioner who visits the Home) ;
Annually by Local Authority Staff.

Twelve children were examined by the Medical Staff.

(2) Local Authority Staff.

(a) Superannuation medical examinations.							
Number examined	...	...	...	...	...	...	97
Accepted	...	...	...	...	...	...	96
Failed	...	...	...	...	...	...	1
(b) Ministry of Education medical examinations.							
(i) Training College entrants	...	...	...	...	...	...	28
(ii) Teachers for admission to Local Authority Staff	...	...	...	...	...	...	3

HEALTH EDUCATION.

The medical officers gave talks on health education at all suitable times and in addition doctors and nurses are called on by various organisations to give lectures on health matters. During the year 29 talks were given by members of the medical staff and 258 by members of the nursing staff.

INSPECTION AND SUPERVISION OF FOOD.

The Food and Drugs Act, 1955, is not administered by the Health Committee and sampling duties are undertaken by the staff of the Weights and Measures Department of the County Council. As the Chief Inspector of that department publishes an annual report for the financial year, I append below a table showing a summary of the results of sampling for the financial year 1958-59.

TABLE VI. FOOD AND DRUGS RESULTS OF ANALYSIS OF SAMPLES SUBMITTED FOR EXAMINATION DURING THE YEAR ENDED 31st MARCH, 1959.

<i>Description of Sample.</i>	<i>Number obtained.</i>	<i>Number certified as satisfactory.</i>	<i>Number certified as adulterated or not up to standard.</i>
Milk, liquid	118	113	5
Almond products	4	3	1
Cream and cream products	2	2	—
Cheese products	2	2	—
Drugs and medicines	7	7	—
Edible fats	14	14	—
Fish products	4	4	—
Flour and flour products	3	2	1
Ice Cream	17	17	—
Meat products	29	27	2
Pepper	2	1	1
Preserves	6	6	—
Soft drinks	11	9	2
Sugar confectionery	7	4	3
Table jellies	1	1	—
Tonic Wines	3	3	—
Miscellaneous foods	13	12	1
Vinegar	7	7	—
Total	250	234	16

FOOD AND DRUGS ACT, 1955

There were 522 Registered Dairy Farmers in the County at the end of 1958. Veterinary Surgeons carried out 522 herd inspections and examined 14,291 animals. No animal was slaughtered under a Tuberculosis Order.

Five hundred and fifteen samples of raw milk were taken during the year and sent to the Public Health Laboratory at the Central Laboratory, Milton Road, Portsmouth. No sample was found to contain tubercle bacilli.

The results of all laboratory tests carried out during 1958 are summarised in the following table :—

TABLE VII. NUMBER OF SAMPLES COLLECTED AND RESULTS OF EXAMINATION.

<i>Designation.</i>	<i>No. of Samples Collected.</i>	<i>Type of Examination.</i>					
		<i>Biological</i>		<i>Methylene Blue.</i>		<i>Phosphatase</i>	
		<i>Neg.</i>	<i>Pos.</i>	<i>Passed.</i>	<i>Failed.</i>	<i>Passed.</i>	<i>Failed.</i>
Raw Milk from T.T. Herds ...	515	515	—	—	—	—	—
From Pasteurisation Plants :							
Heat Treated T.T. ...	23	—	—	23	—	22	1
Heat Treated Ordinary ...	43	—	—	43	—	43	—
Heat Treated Channel Island ...	21	—	—	21	—	21	—
Totals	602	515	—	87	—	86	1

Supervision of Pasteurisation Plants.

The County Council as Food and Drugs Authority re-issued licences to the two pasteurisation plants in the Island, Isle of Wight Creameries, Mill Street, Newport, and Stainers Dairies, High Street, Ryde. These premises were inspected during the year by the Senior Public Health Inspectors of Newport and Ryde, and satisfactory reports have been received.

Brucellosis.

The occasional isolation of *brucella abortus* from milk sold raw on the Island has for some time concerned Medical Officers of Health and farmers. An effective vaccine, S.19, is available for a small charge under a calf vaccination scheme, but it is believed that only a minority of farmers take advantage of these facilities. A large scale investigation is being undertaken, with the co-operation of the Medical Advisory Committee of the Hospital Management Committee, the Local Medical Committee, veterinary surgeons in private and Ministry of Agriculture employment, the Field Research Station of the Agricultural Research Council and the Veterinary Laboratory of the Ministry of Agriculture, to determine whether human infection is common in the Isle of Wight and the proportion of animals affected with the disease.

If the investigation of milk discloses that a reasonably small proportion of herds are infected, then a policy of eradication of infected animals will become possible, and the Isle of Wight, with its high farming standards and ease of control of animals, seems an ideal place to initiate a scheme of this character.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1955.

Where, under the provisions of the Rural Water Supplies and Sewerage Acts 1944-1955 the Minister of Housing and Local Government undertakes to contribute towards the expenses incurred by a Local Authority on a Rural Water Supply or Sewerage Scheme, the County Council is also required to contribute.

One Sewerage Scheme for a Rural Parish (Shorwell) has recently been completed with the aid of a grant from the Minister and the County Council. A further grant aided scheme is under way (Brighstone) and tenders for a third scheme will shortly be invited (Calbourne).

INFECTIOUS DISEASES.

TABLE VIII.—NOTIFICATIONS MADE TO MEDICAL OFFICERS OF HEALTH DURING THE YEAR ENDED 31st DECEMBER, 1958.

	Isle of Wight Rural District	Cowes.	Newport.	Ryde.	Sandown- Shanklin.	Ventnor.	Totals.
Scarlet Fever	3	1	16	2	—	—	22
Diphtheria	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	1	—	1
Pneumonia	3	—	5	1	—	1	10
Puerperal Pyrexia	—	1	—	2	—	1	4
Acute Poliomyelitis:							
Paralytic	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—
Infective Encephalitis	—	—	—	—	—	—	—
Erysipelas	—	—	1	—	—	—	1
Ophthalmia Neonatorum	—	—	1	—	—	—	1
Measles	145	51	485	682	130	5	1498
Whooping Cough	18	5	67	9	7	3	109
Dysentery	2	—	—	17	—	—	19
Meningoccal Infection	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	1	—	—	1
Food Poisoning	53	3	6	—	33	—	95
*Pulmonary Tuberculosis	10	9	13	11	15	5	63
Other forms of Tuberculosis	3	3	2	1	—	1	10
Totals	237	73	596	726	186	16	1834

*N.B.—These figures include notifications of 23 pulmonary and 1 non pulmonary cases which have come to reside in the Island.

TABLE IX.—NOTIFICATIONS OF CERTAIN INFECTIOUS DISEASES RECEIVED FOR THE
TEN YEARS, 1949-1958

Disease.	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Smallpox ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	70	74	31	59	79	62	55	33	29	22
Diphtheria ...	2	1	—	1	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	1
Paratyphoid Fever ...	—	—	1	2	—	—	—	—	1	1
Pneumonia	24	26	34	14	39	13	22	21	9	10
Puerperal Pyrexia ...	7	4	6	2	7	6	6	—	2	4
Meningococ- cal Infection	2	2	2	—	2	1	—	1	1	—
Acute Polio- myelitis and Polio En- cephalitis ...	11	95	11	12	5	9	11	17	5	—
Acute Encephalitis Infective ...	—	3	—	—	2	—	—	—	—	—
Acute Enceph- alitis Post Infectious ...	—	—	—	—	—	2	—	—	—	—
Erysipelas ...	11	12	7	4	9	8	6	10	8	1
Ophthalmia Neonatorum	—	—	1	—	—	—	—	1	—	1
Measles ...	927	333	1825	201	2946	277	984	568	737	1498
Whooping Cough ...	156	88	586	123	446	157	180	70	36	109
Dysentery ...	—	—	8	—	1	6	2	9	1	19
Malaria ...	1	2	—	—	—	—	—	—	—	—
Food Poisoning	157	5	4	1	13	4	34	7	30	95
*Tuberculosis Pulmonary	91	91	84	99	74	107	76	76	93	63
*Tuberculosis Non-Pul- monary	26	23	33	33	29	22	17	11	8	10

*Includes transfers from mainland areas.

TABLE X.—CERTAIN INFECTIOUS DISEASES NOTIFIED IN THE ISLAND DURING 1958
ACCORDING TO AGE GROUP.

Age.	Scarlet Fever.	Poliomyelitis. Paralytic Non-P'lytic		Measles	Whooping Cough.	Food Poisoning.
Under 1	—	—	—	36	10	—
1 and under 2	1	—	—	89	9	—
2 and under 3	1	—	—	116	6	2
3 and under 4	3	—	—	146	13	1
4 and under 5	—	—	—	123	8	1
5 and under 10	15	—	—	902	47	8
10 and under 15	—	—	—	63	10	8
15 and under 25	1	—	—	13	2	16
25 and under 35	—	—	—	3	3	21
35 and under 45	1	—	—	3	1	16
45 and under 65	—	—	—	3	—	20
65 and over	—	—	—	1	—	2
Total ...	22	—	—	1498	109	95

INFECTIOUS DISEASES.

Tables VIII, IX and X compare the notifications of infectious diseases received from general practitioners in 1957 and 1958. The total number of notifications made in 1958 (1,834) is nearly double the 1957 total (960). This is mainly due to an outbreak of measles affecting particularly children under the age of 15 years. In all, 1,498 notifications of this illness were received, compared with 737 in 1957. The disease fortunately took a mild form; complications were few and no deaths were reported.

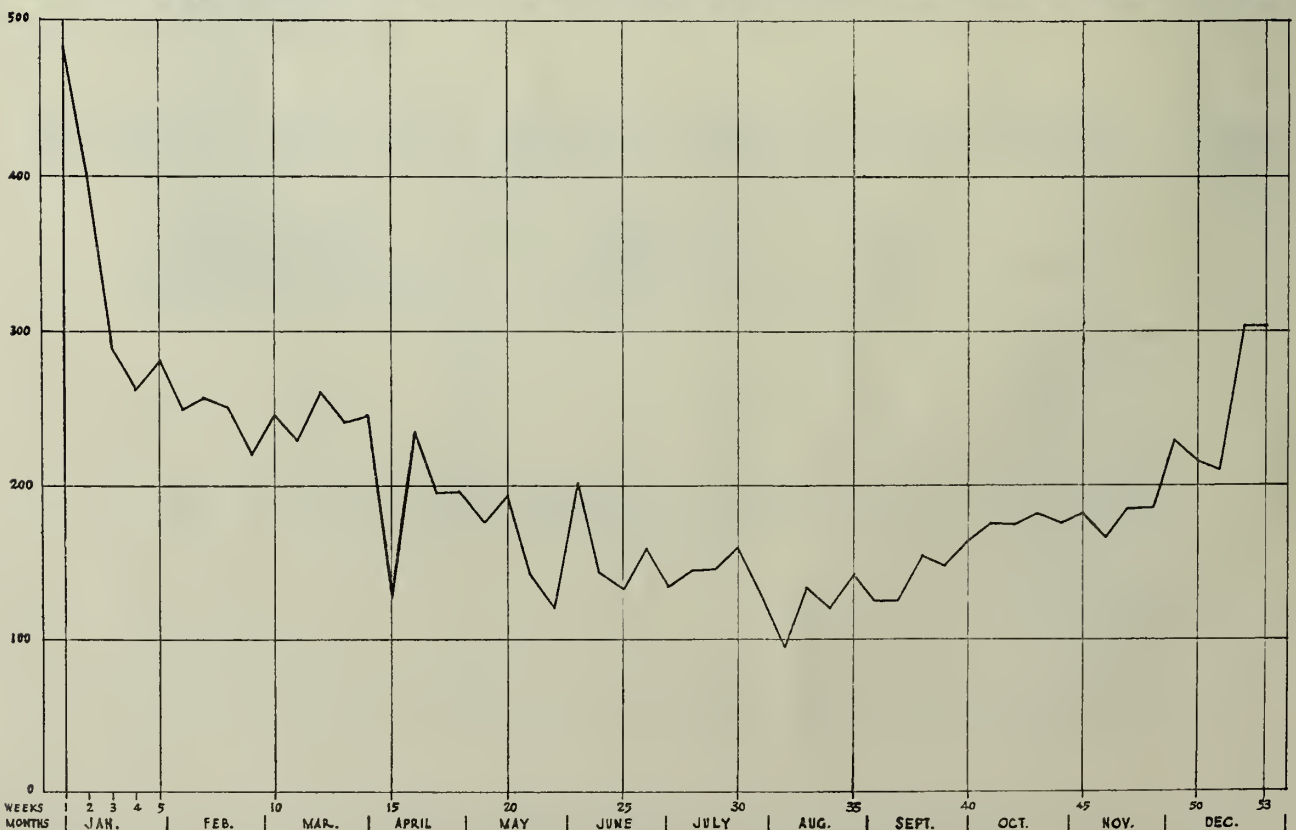
There was also an increase in the number of cases of whooping cough, 109 compared with 36. Of these, 46 cases occurred in children under 5 years old which is rather disappointing as immunisation against whooping cough in infancy has been carried out as a routine in Local Health Authority Welfare clinics since 1954, and by many general practitioners for a longer period. However the disease was free from serious complications and it is probable that many children who contracted it had in fact been immunised and consequently escaped with a mild attack. It is important that immunisation against whooping cough should be given before the seventh month of life, and that reinforcing doses should be given during the second and fifth years of life.

Notifications of food poisoning were trebled during 1958, mainly from Sandown and Shanklin and the Rural areas. There were 95 cases in all, and all except 4 of these occurred in persons over the age of 5 years.

No notifications of diphtheria, smallpox or poliomyelitis were received in 1958. This is, of course, very satisfactory, but so far as the first two diseases are concerned should not result in complacency. Almost 100 per cent protection against diphtheria and smallpox can be given but these conditions are now so rare that present day parents have no experience of them and consequently do not fear them. The immunisation indices for these two diseases in the Island are too low to ensure that an outbreak of one of the two may not occur, and every effort should be made to convince parents of the extreme importance of consenting to the protection of their children against these lethal infections. Poliomyelitis is in a different category at present; the tragic results of this condition are widely known and dreaded, and most parents gladly accept the opportunity for protection for their children and themselves. It is not likely that poliomyelitis vaccination contributed to any extent to the absence of this disease in 1958; the percentage of those vaccinated was not high enough to be significant. This, however, should not be true in 1959; most of those at risk and eligible have been vaccinated and at least partly protected and it is hoped with some confidence that the incidence of paralytic poliomyelitis will diminish year by year.

In October, 1958, local authority staff became aware of the extent of an outbreak of staphylococcal infection in the mental hospital, which was seriously overcrowded. Strong representations were made to the Emergency Services Committee of the Hospital Management Committee that outbreaks of infectious illness in hospitals, even if, as in this case, the disease was not statutorily notifiable, were inevitably of concern to Medical Officers of Health, family doctors (particularly as many of the nursing staff are married and have families in several Island towns) and indeed the community generally. The chairman and members of the Hospital Management Committee generously accepted this argument and asked the chairman of the Emergency Services Committee and the County and District Medical Officers of Health to report on the degree of overcrowding in the mental hospital and other hospitals in the Management Committee group. As a result of their recommendations, which were accepted by the Hospital Management Committee, 52 patients were transferred from the mental hospital to the under-occupied Royal National Hospital, Ventnor, where they remained until the opening of the newly built geriatric unit at the mental hospital in April, 1959. Although the Hospital Management Committee has not set up a Control of Infection Sub-Committee of the kind recommended in the report of the committee appointed by the Central Health Services Council, the importance of the role which can be played by the Medical Officer of Health in giving advice on the control of infectious diseases now seems to be recognised and co-operation subsequently has been close and cordial. In conclusion, it must be mentioned that the general condition of the mentally ill patients transferred from the overcrowded wards was considerably improved.

NUMBER OF NEW CLAIMS FOR SICKNESS BENEFIT PER WEEK (MINISTRY OF NATIONAL INSURANCE RETURNS)

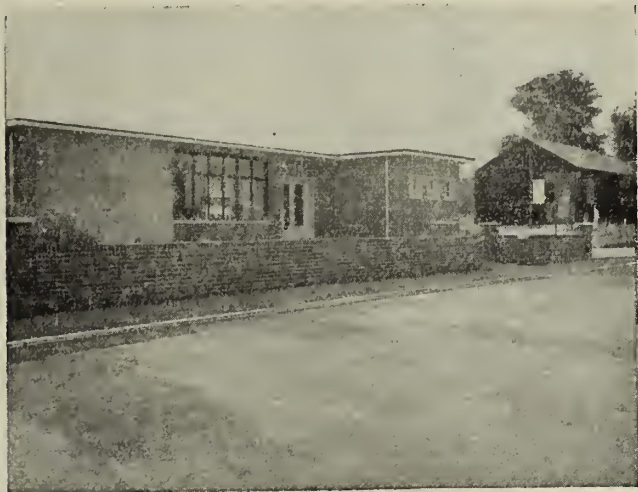


1958

(Table drawn by Miss M. W. Warder of the County Architect's Department)

CARE OF MOTHERS AND YOUNG CHILDREN.

COWES HEALTH CENTRE, Consort Road. Opened May 1st, 1959.



Photograph by Dr. John Mills.

Introduction.

The improved equipment of clinics, particularly in Sandown, Freshwater, West and East Cowes has facilitated the work of ante-natal clinics and infant welfare centres and valuable work has been carried out.

The health visitors and midwives have assisted in enquiries into peri-natal mortality sponsored by the National Birthday Trust Fund and an enquiry into the health of expectant mothers, with particular reference to anaemia during pregnancy. These enquiries have been valuable in improving the standard of work in ante-natal clinics and in infant welfare centres.

Co-operation with the Maternity Unit at St. Mary's Hospital has continued to develop and attendances at mothercraft classes and ante-natal clinics by both hospital booked and domiciliary midwifery patients has increased.

A register of physically and mentally handicapped young children has been made and these children are kept under supervision so that the most appropriate arrangements for their care and education can be made as early as possible.

Three more health visitors have received instruction in testing the hearing of young children in order that signs of defective hearing can be detected during the first year of life.

Although the protection of children against poliomyelitis has taken a great deal of the health visitors' time, the number of home visits to children under five years of age and to expectant mothers has increased.

TABLE XI. ANTE-NATAL AND POST-NATAL CLINICS.

	No. of Clinics provided at end of year.	Average No. of Sessions held per month.		No. of Women in Attendance.		Total number of attendances made by women included in col. (4) during the year. (6)
		Medical Officers Sessions.	Mid- wives Sessions.	No. of women who attended during year.	No. of new cases included in col. (4).	
(1)	(2)	(3)		(4)	(5)	(6)
Ante-natal Clinics ...	6	14	4	539	446	1457
Post-natal Clinics ...	*	*	*	42	40	53

*Post-Natal cases are seen at Ante-Natal Clinics.

Attendances at our ante-natal clinics increased during the year and table XI shows that 539 women made 1,457 attendances in 1958 compared with 522 and 1,457 in 1957.

Six hundred and five first domiciliary ante-natal visits, including calls on patients who were having confinements in hospital, were paid out of a total of 1,235.

The number of maternity outfits issued to domiciliary midwifery cases during the past nine years was as follows :—

1949	...	...	...	808
1950	...	...	...	692
1951	...	...	...	720
1952	...	...	...	676
1953	...	...	...	683
1954	...	...	...	585
1955	...	...	...	655
1956	...	...	...	585
1957	...	...	...	555
1958	...	...	...	559

During the year 55 midwives notified their intention to practise, but 5 of these did not in fact practise. At the end of 1958, 40 state certified midwives were actually practising, 10 in hospitals, 4 in nursing homes and 26 on the staff of the Local Health Authority. The information is summarized in the following table.

TABLE XII. MIDWIVES PRACTISING IN THE AREA.

	<i>Number of Midwives practising in the area of the Local Supervising Authority at the end of year.</i>		
	<i>Domiciliary Midwives</i>	<i>Midwives in Institutions</i>	<i>Total</i>
(a) Midwives employed by the Authority	26	—	26
(b) Midwives employed by Voluntary Organisations :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise	—	10	10
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	4	4
Totals	26	14	40

TABLE XIII. DELIVERIES ATTENDED BY MIDWIVES.

	Number of Deliveries attended by Midwives in the area during the year					
	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority	—	9	320	219	548	11
(b) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	609
(c) Midwives in Private Practice (Including Midwives employed in Nursing Homes)	—	—	—	3	3	43
Totals	—	9	320	222	551	663

DOMICILIARY MIDWIFERY.

During the year, the number of midwives employed whole-time in midwifery increased from three to four. This has become necessary owing to the greater number of ante-natal clinic sessions requested by general practitioners, particularly in the Newport Area. The Midwives Act, 1955, making it a duty of the Local Supervising Authority to ensure that all practising midwives attended a refresher course approved by the Central Midwives Board necessitated the attendance of twelve midwives at refresher courses during 1958. The midwives greatly appreciated this experience and feel it has been of value and encouragement to them in carrying out their responsible duties.

At the end of the year only three midwives were employed full-time in the domiciliary midwifery service and 23 general duty nurses also carried out midwifery. All were trained in giving gas and air analgesia and this was administered to 479 women during their confinements.

Thirty-eight visits were paid to midwives by the medical supervisors and none by the non-medical supervisor.

TABLE XIV. ADMINISTRATION OF PETHIDINE AND INHALATION ANALGESICS BY MIDWIVES IN DOMICILIARY PRACTICE.

(1)	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year				Number of cases in which pethidine was administered by midwives in domiciliary practice during the year	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
		Gas and air	"Tri-lene"	Gas and air	"Tri-lene"	Gas and air	"Tri-lene"		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(a) Domiciliary Midwives employed directly by the Local Health Authority ...	26	27	—*	259	11	220	2	198	125
(b) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority ...	—	—	—	—	—	—	—	—	—
(c) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority ...	—	—	—	—	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority ...	—	—	—	1	—	—	—	1	—
Totals ...	26	27	—	260	11	220	2	199	125

*Set provided by doctor in charge.

Births.

The number of live births was 1,198 (19 less than in 1957) giving a live birth rate of 12.8 per 1,000 living. Sixty-four of these were illegitimate births compared with 54, 71 and 58 for the previous three years.

Because of the difference in the sex and age distribution of the population in different parts of England and Wales, it is necessary to multiply the crude birth rate by a comparability factor (1.12) and when this is done the resulting rate is comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area. The comparative birth rate for the Island is therefore 12.8 x 1.12 or 14.3 compared with 16.4 for England and Wales.

Although the Island is credited by the Registrar General with 1,198 live births and 25 stillbirths the number of births notified under the Act to the County Medical Officer was 1,218 and 9 other births which were not notified, are known to have taken place. The true figure for calculating the birth rate is that of the Registrar General which is corrected for inward and outward transfers.

Table XV shows that of the 1,218 notified, 1,193 were live births and 25 were stillbirths. From the table can also be seen the numbers of babies born at home, in hospital and in nursing homes.

Eight of the nine non-notified births took place at home ; one in a nursing home.

TABLE XV. DETAILS OF BIRTHS NOTIFIED TO THE COUNTY MEDICAL OFFICER DURING 1958.

<i>Year 1958.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total Births.</i>	<i>Born at Home.</i>	<i>Born in Nursing Home.</i>	<i>Born in Hospital.</i>	<i>Total.</i>
Live Births	643	550	1193	540	53	600	1193
Still Births	11	14	25	5	1	19	25
Total	654	564	1218	545	54	619	1218

TABLE XVI. NUMBER OF DELIVERIES AT HOME, IN NURSING HOMES AND IN HOSPITAL SINCE 1949.

<i>Year.</i>	<i>Total Births.</i>	<i>Born at Home.</i>	<i>Percent-age.</i>	<i>Born in Nursing Home.</i>	<i>Percent-age.</i>	<i>Born in Hospital.</i>	<i>Percent-age.</i>
1949	1370	643	46.9	483	35.3	244	17.8
1950	1276	598	46.8	346	27.2	332	26.0
1951	1258	560	44.5	275	21.9	423	33.6
1952	1219	516	42.3	274	22.5	429	35.1
1953	1244	506	40.7	230	18.5	508	40.8
1954	1253	544	43.4	151	12.0	558	44.6
1955	1200	574	47.8	85	7.1	541	45.1
1956	1208	548	45.5	74	6.1	586	48.4
1957	1201	544	45.3	80	6.7	577	48.0
1958	1218	545	44.7	54	4.5	619	50.8

The above Table shows that there were seventeen more births in 1958 than in 1957, and our domiciliary midwifery service dealt with one more confinement. Hospital confinements increased by 42 and those in nursing homes decreased by 26.

During the year twin births occurred in 13 cases.

In 5 instances, midwives sent for medical aid and an analysis of the aid forms shows that 3 were in respect of the mother and 2 for the baby.

In addition to the above summonses for medical aid, the midwives forwarded the following notifications:—

Performing last office	...	...	...	...	...	...	2
Liability to be a source of infection	...	...	...	...	...	...	1
Artificial feeding	...	...	...	...	...	...	4
Still births	...	...	...	...	...	...	14
Deaths	...	...	...	...	...	...	—

Caesarean Section.

Eighteen of the deliveries on the Island were by section, all taking place at St. Mary's Hospital.

Puerperal Pyrexia.

There were four cases notified during the year, two in Ryde and one each in Cowes and Ventnor; all recovered.

Maternal Deaths.

There was one maternal death during the year: an Island woman aged 39, who died in Hospital. Her death was due to a severe secondary post partum haemorrhage after her ninth pregnancy.

Admissions to Maternity Hospitals.

During the year 585 applications for admission to the maternity wards at St. Mary's Hospital, Newport, on social and medical grounds were received and 497 were recommended for admission.

PREMATURE BABIES

During 1958 there were 64 live births of babies weighing 5½ lbs. and under, and 10 still births.

TABLE XVII. WEIGHT, PLACE OF BIRTH AND NEONATAL SURVIVAL RATE OF PREMATURE BABIES.

Premature live births																	Premature still births		
Weight at Birth	Born in hospital				Born and nursed entirely at home				Born at home and transferred to hospital on or before 28th day				Born in nursing home and nursed entirely there				Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %			
3 lbs. 4 ozs. or less ...	6	3	1	16.6	—	—	—	—	1	—	1	100.0	—	—	—	—	5	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs. ...	7	—	4	57.1	1	—	1	100.0	2	—	2	100.0	—	—	—	—	2	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs. ...	7	—	7	100.0	3	—	2	66.6	—	—	—	—	—	—	—	—	1	—	—
5 lbs. to 5 lbs. 8 ozs. ...	18	2	16	88.8	17	—	16	94.1	1	—	1	100.0	1	—	1	100.0	2	—	—

Prematurity in the Isle of Wight in 1958.

An infant with a birth weight of 2,500 grams (5½ lbs.) or less, is considered premature regardless of length of gestation. Since 1952 the birth weight of every child has been required on notification of birth, and an up-to-date picture of prematurity in England and Wales, compiled in statistics returned to the Ministry of Health, is presented in the Annual Reports of the Chief Medical Officer. The overall position in 1957 will be seen from the table below :—

TABLE XVIII. LIVEBORN PREMATURE BABIES IN ENGLAND AND WALES, 1957.

	<i>Institutional (hospital and nursing homes)</i>	<i>Domiciliary</i>	<i>Total</i>
Liveborn	32,073	12,095	44,168
Adjustment for transfer from home to institution ...	2,423	2,423	—
	34,496	9,672	44,168

It will be seen that 7% of all babies were premature infants, and that just under one quarter of all premature children are looked after entirely at home. In addition, there were 8,723 premature stillbirths in England and Wales, making a total of 55,891 premature births.

In the Isle of Wight, the percentages of premature live infants born in 1956, 1957 and 1958, were 5.3%, 5.5% and 5.4% respectively. In 1958, 39.0% of the babies were born at home, but it was necessary to transfer 4 infants to hospital on or before the 28th day of life. The fate of premature children is of considerable importance because more than 40% of infant deaths and 40% of the stillbirths are in premature infants. It is interesting to compare the premature children in England and Wales as a whole with those in the Isle of Wight in 1958.

TABLE XIX. FATE OF PREMATURE CHILDREN—ENGLAND AND WALES PER 1,000 LIVE BIRTHS IN EACH WEIGHT GROUP (1957).

<i>Weight Distribution</i>	<i>Weight at Birth</i>	<i>Born in Hospital</i>	<i>Born at home and nursed there</i>	<i>Mortality per 1,000 live births</i>	<i>Expected Survival</i>
11.5%	3 lbs. 4 ozs.	668	690	665	33.5%
18.2%	4 lbs. 6 ozs.	177	132	177	82.3%
19.9%	4 lbs. 15 ozs.	72	36	71	92.9%
50.4%	5 lbs. 8 ozs.	41	24	41	95.9%

TABLE XX. FATE OF PREMATURE CHILDREN—ISLE OF WIGHT PER 1,000 LIVE BIRTHS IN EACH WEIGHT GROUP (1958). Total 64.

<i>Weight Distribution</i>	<i>Weight at Birth</i>	<i>Total</i>	<i>Deaths</i>	<i>Mortality per 1,000 live births</i>	<i>Survival</i>
11.0%	3 lbs. 4 ozs. or less	7	5	714	28.5%
15.6%	Under 4 lbs. 6 ozs.	10	3	300	70.0%
15.6%	„ 4 lbs. 15 ozs.	10	1	100	90.0%
57.8%	„ 5 lbs. 8 ozs.	37	3	81	92.0%

Of the 64 premature babies born in the Isle of Wight in 1958, 18 were associated with maternal pre-eclamptic toxæmia, 10 with twin pregnancy, 6 with congenital abnormalities, 9 with other causes (including maternal accident and illness), 3 with rhesus incompatibility and in 18 cases there appeared to be no cause for prematurity.

The progress of the 52 premature babies who survived for more than 28 days is watched carefully as it is known that these children are more liable to develop cerebral palsy, deafness or mental retardation than are children born at full maturity. It is hoped that it will be possible to follow the development of these children throughout the next few years. It is a routine procedure to investigate the hearing of all premature babies during the first year of life, and as far as possible, with existing staff, all these children are reviewed bi-annually and their progress compared with that of infants born at full term.

TABLE XXI. FOETAL LOSS OF PREMATURE CHILDREN—ENGLAND AND WALES, 1957, ISLE OF WIGHT, 1956, 1957 AND 1958.

	<i>Live-born Prams.</i>	<i>Stillbirths.</i>	<i>Total Prams.</i>	<i>Neo-natal deaths.</i>	<i>Foetal loss.</i>	<i>Mortality per 100 live and still born Prams.</i>
England and Wales 1957... ..	50,168	8,723	58,891	7,216	15,939	27.1
Isle of Wight 1956 ...	62	6	68	10	16	23.5
Isle of Wight 1957 ...	67	13	80	11	24	30.0
Isle of Wight 1958 ...	64	10	74	12	22	29.7

INFANT MORTALITY.

Twenty-eight infants died before reaching their first birthday and of these 18 (64.2 per cent) died within four weeks of birth.

The infant mortality rate for the year was 23.4 per 1,000 live births. The figure for England and Wales is 22.5.

The following table gives details of infant mortality rate over the past twelve years compared with England and Wales.

<i>Year.</i>	<i>Isle of Wight.</i>	<i>England and Wales.</i>
1947	38.2	41.0
1948	27.0	34.0
1949	30.8	32.0
1950	22.9	29.8
1951	25.2	29.6
1952	21.8	27.6
1953	18.9	26.8
1954	26.0	25.5
1955	23.4	24.9
1956	17.1	23.8
1957	14.0	23.0
1958	23.4	22.5

INFANT DEATHS 1958.

<i>Died under 24 hours.</i>		<i>Died under 1 week.</i>		<i>Died under 4 weeks.</i>		<i>Died under 1 year.</i>
Premature ...	4	Premature ...	5	Premature ...	3	10
Full-Time ...	4	Full-Time ...	1	Full-Time ...	1	

Of the 12 premature babies who died within the first four weeks of life the prematurity was probably due to pre-eclamptic toxæmia in three cases ; rhesus incompatibility in two cases, congenital abnormalities in two cases and antepartum haemorrhage and birth injury in one case each. Only in three cases was there no apparent reason for premature birth. In no case could an avoidable factor be found, but the ante-natal records were not always complete.

Six full-time infants died within the first four weeks of life. Three of these died as a result of birth injuries, all in the first week, and three because of congenital abnormalities.

Five infants aged four weeks or less died as a result of congenital abnormalities ; in only one of these a clear cut history of infection in early pregnancy was obtained.

Ten children died between the ages of four weeks and 12 months. Five deaths were due to congenital abnormalities ; two of the mothers had influenza in early pregnancy. Respiratory infection accounted for three deaths, encephalitis for one, and one died as a result of a fractured skull following a fall.

The number of deaths due to congenital abnormalities seems rather high (10 out of 28). One would like to attribute this to the influenza epidemic in 1953, but the evidence for so doing is inconclusive.

PERI-NATAL DEATHS IN 1958

(i.e. Stillbirths and Infant Deaths within the first four weeks of life)

In 1958, a National Survey into peri-natal mortality was inaugurated under the auspices of the National Birthday Trust. This investigation added an extra stimulus to an already keen interest in this important cause of wastage of human life. It has long been realised that the causes of stillbirth and early infant death are closely linked and often synonymous, and the table gives a summary of some of the reasons for these deaths.

The total number involved was 43, comprising 25 stillbirths and 18 infant deaths in the first four weeks of life. An avoidable factor was considered to have been present in 12 cases ; these include five cases in which the patient either did not attend for ante-natal care or refused the advice given, three cases of post-maturity, and three in which early signs of pre-eclamptic toxæmia did not appear to have received completely adequate treatment.

TABLE XXII. ANALYSIS OF THE CAUSES OF THE PERI-NATAL DEATHS.

Cause	Number	Number Prem- ature	Avoidable Factor	Maternal Infection	Place of Confinement		Number Post- Mature	Other
					Hospital	Home		
Pre-eclamptic Toxaemia ...	12	12	5	0	11	1	0	3
Congenital Abnormality ...	6	2	1	2	4	2	0	3
Birth Trauma	8	3	2	0	6	2	2	8
Post-maturity	4	0	4	0	3	1	3	2
Rhesus Incompatibility ...	2	2	0	0	2	0	0	0
Placenta Praevia	2	1	0	0	2	0	0	0
Diabetes	1	1	0	0	1	0	0	0
Twins	3	3	0	0	2	0	0	0
Unknown	7	5	3	2	7	0	0	0

Note.—In several cases more than one factor was involved, e.g. a premature baby also had congenital abnormalities or a post-mature baby suffered a birth injury or a baby was premature because of rhesus incompatibility, pre-eclamptic toxæmia, or ante-partum haemorrhage. The number of those with two or more factors was 16.

HEALTH VISITING.

The basis of the health visitor's work lies in the regular visiting of families in their own homes. In doing so, she is able to detect early signs of physical or mental strain and ill health and can assist in giving skilled advice or obtaining specialist services available under the National Health Service. The main object of health visiting is the prevention of ill health and the health visitor is experienced in assessing the frequency of visiting needed to families in her area. Health visitors have found it helpful to refer to the specialist health visitor for advice in dealing with difficult medico-social problems and temporarily to hand over cases where intensive visiting and referral to other social workers and medical specialists is needed.

The abandoning of routine cleanliness inspections in school at the beginning of each term has allowed a little more time for the more frequent visiting of families whose standards of general hygiene are low.

It is satisfactory to note that, although it has been necessary during the year for health visitors to attend a considerable number of vaccination sessions, the number of home visits has increased, particularly to the pre-school children, physically and mentally handicapped children and adults and to the elderly. The health visitors feel they are unable to give sufficient time to infant feeding and routine home visiting and would appreciate more medical assistance at the infant welfare centres.

During the year, one health visitor resigned, to take further training for Missionary work. Two health visitor students completed their training at Southampton University and joined the staff in August. Two students commenced their training in September.

TABLE XXIII. ANALYSIS OF VISITS PAID BY HEALTH VISITORS.

Year	No. of visits paid by Health Visitors			
	To Expectant Mothers	To children under 1	To children between 1-5	Other Cases
1949	355	8296	6955	394
1950	446	7936	7738	453
1951	774	9298	7781	556
1952	487	10177	7846	588
1953	380	8317	10216	1435
1954	391	8924	10390	1431
1955	1624	10050	11349	1832
1956	2249	9708 (1081)	12404 (1004)	2238 (100)
1957	1096 (156)	8855 (842)	13672 (1957)	2590 (26)
1958	1235 (174)	10980 (913)	13665 (1298)	4631 (56)

The figures in brackets are the number of "no access" visits.

Child Welfare.

Table XXIV gives details of the situation of the various child welfare centres in the Island. One small centre at Parkhurst Barracks (Voluntary Organisation) was discontinued during the year.

The total number of attendances during the year, 18,383 was some 2,193 more than in 1957. Of these attendances 10,629 (10,769) were made by infants under one year and 7,754 (5,421) by children between one and five years.

TABLE XXIV.

INFANT WELFARE CENTRES.

Name of Centre.	Place where Held.	How often Held.	Day and Time on which Doctor Attends. (All times are p.m. except where indicated)	No. of Children who attended Centres during the year.	No. of Children who first attended the Centres during the year and who on the date of their first attendance were :—		No. of Children who attended during the year who were then :—		Total No. of attendances made by Children in- cluded in column (5)	
					Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Between the ages of 1 and 5.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Bembridge Brading Brightstone and Brooke Calbourne	Chapel Room Church Room Wilberforce Hall The Rectory	Monthly Monthly Monthly Monthly	Third Monday at 3.0 Second Tuesday at 3.0 Fourth Tuesday at 3.0 Second Tuesday at 3.0	58 41 17 18	17 19 7 5	— 6 5 4	16 17 7 7	42 24 10 11	113 94 75 38	151 54 93 42
Carisbrooke	Priory Secondary School, Medical Room	Twice Monthly	Third Wednesday at 2.45	39	11	1	11	28	107	122
Chale Cowes	Methodist Church Hall Health Centre, Consort Road	Monthly Weekly	Third Tuesday at 3.0 Second and Fourth Wednesdays at 2.30	43 172	14 76	1 4	14 64	29 108	48 997	65 367
East Cowes	The Dispensary, Osborne Road	Weekly	Second Monday at 2.30	124	47	2	45	79	593	281
Freshwater	Nurses' Institute, Princes Rd.	Weekly	First Wednesday at 2.30, Third Friday at 2.30, Fourth Tuesday at 9.30 a.m. for Toddlers	113	34	10	34	79	1432	3082
Godshill Newport	Village Hall County Hall	Monthly Weekly	Third Monday at 3.0 Second and Fourth Thursdays at 2.30		41 384	7 153	1 12	7 131	34 253	30 2033	50 757
Newchurch Niton	Church Hall Village Hall	Monthly Monthly	Third Thursday at 2.30 Fourth Friday at 3.0	32 58	8 5	1 —	7 11	25 47	57 52	62 38
Northwood	Women's Institute Hall	Twice Monthly	Second Wednesday at 2.30	47	21	—	13	34	237	168
Ryde	Methodist Hall, Well St.	Twice Weekly Wednesdays & Fridays	Wednesdays at 2.30	447	158	20	153	294	2336	880
Binstead	The Institute, Binstead	Weekly Tuesdays at 2.30	Fourth Thursday at 2.30	102	29	4	35	67	632	414
St. Helens	Lower Green, Metho- dist Sunday School	Monthly		37	10	—	9	28	73	91

TABLE XXIV.—continued

Name of Centre. (1)	Place where Held. (2)	How often Held. (3)	Day and Time on which Doctor Attends. (All times are p.m. except where indicated) (4)	No. of Children who attended Centres during the year. (5)	No. of Children who first attended the year and who on the date of their first attendance were :—		No. of Children who attended during the year who were then :—		Total No. of attendances made by Children in- cluded in column (5)
					Under 1 year of age. (6)	Over 1 year of age. (7)	Under 1 year of age. (8)	Between the ages of 1 and 5. (9)	
Sandown ...	Baptist Hall Seacroft	Twice Monthly Monthly	Second and Fourth Fri- days at 2.30 Second Tuesday at 9.30 a.m. for Toddlers	133	75	10	59	74	503
Seaview Shanklin ...	Methodist School Methodist Hall, Regent St.	Monthly Twice Monthly First and fourth Tuesdays	First Monday at 2.30 First and Fourth Tues- day at 2.30	53 89	16 45	4 2	14 45	39 44	95 532
Ventnor ...	British Legion Hall, High St.	Twice Monthly First & third Fridays	First Friday at 2.30	94	51	10	44	50	341
Wootton ...	Methodist Hall	Monthly	Fourth Friday at 3.0	47	13	—	13	34	96
Wroxall ...	Church Hall	Monthly	First Friday at 3.0	55	12	5	12	43	60
Yarmouth ...	The Institute	Monthly	Third Friday at 3.0	30	11	2	9	21	55
									181
									101
									315
									132
									74
									175
									59

DENTAL TREATMENT.

By Mr. G. Simons (Senior County Dental Officer).

Regular visits have been continued at the Welfare Clinic to examine and advise mothers and children of pre-school age. The demand for treatment has not been high in all areas but the advice offered appears to be welcome. The mothers who attend regularly with their children are generally those who are zealous in their efforts for their children's welfare and upbringing and there is no way in which we can really reach those who neglect their children's teeth.

Of the mothers examined, 185 were found to require treatment and 167 were actually treated. There was similarly high acceptance rate in the case of young children, 135 being treated out of 158 needing it.

All work necessary for dental fitness has been done and this included the provision of 32 dentures.

The nursing staff, both at the Welfare Clinics and the health visitors, have been most helpful. Their assistance has been greatly appreciated.

TABLE XXV. NUMBERS PROVIDED WITH DENTAL CARE.

		<i>Examined.</i>	<i>Needing Treatment.</i>	<i>Treated.</i>	<i>Made Dentally Fit.</i>
Expectant and Nursing Mothers	...	429	185	167	123
Children under five	... ..	879	158	135	118

TABLE XXVI. FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Scalings or Scaling and gum treatment.</i>	<i>Fillings.</i>	<i>Silver Nitrate treatment.</i>	<i>Crowns or Inlays.</i>	<i>Extractions.</i>	<i>General Anaesthetics.</i>	<i>Dentures provided.</i>		<i>Radio-graphs.</i>
							<i>Complete.</i>	<i>Partial.</i>	
Expectant and Nursing Mothers	16	112	6	—	178	—	18	14	2
Children under five	2	99	60	—	97	—	—	—	—

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

Under this Act, which came into force on the 30th July, 1948, the County Council is responsible for the supervision :—

- of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof, or for any longer period not exceeding six days ; and
- of persons who for reward receive into their homes three or more children (other than relatives) under the age of five for the day or a substantial part thereof or for any longer period not exceeding six days.

At the end of 1958 there was only one registration of premises admitting a maximum number of 7 children. The person in charge of these premises is also registered as a Daily Minder.

DISTRIBUTION OF WELFARE FOODS.

During 1958 the following were issued :—

National Dried Milk	...	...	...	...	...	...	25,822 tins
Orange Juice ...	...	...	...	...	...	...	39,452 bottles
Cod Liver Oil	...	...	...	...	...	...	4,661 bottles
Vitamin Tablets	...	...	...	...	...	...	3,853 packets

The situation, days and times of opening of the Centres are as follows :—

<i>District.</i>	<i>Name and Address of Centre.</i>	<i>Times of Opening.</i>
ARRETON ...	Post Office	Daily, 9 a.m. to 6 p.m. except Thursdays, 9 a.m. to 1 p.m.
BEMBRIDGE ...	Smith, Chemist, High Street.	Wednesdays, 2 p.m. to 4 p.m.
BEMBRIDGE ...	Welfare Centre, Chapel Room.	Third Monday in each month, 2.30 p.m. to 4.30 p.m.
BRADING ...	Smith, Chemist, Bull Ring.	Thursdays, 2.30 p.m. to 4 p.m.
BRIGHSTONE ...	Welfare Centre, Wilberforce Hall.	Fourth Tuesday in each month, 3 p.m. to 4 p.m.
CALBOURNE ...	Pinhorn Cottage.	Daily, 9 a.m. to 4 p.m.
CHALE ...	Post Office Stores.	Daily, 9 a.m. to 4 p.m., except Thursdays.
COWES ...	Health Centre, Consort Road.	Wednesdays, 2.30 p.m. to 4 p.m.
COWES ...	Old Mill Stores, Mill Hill Road.	Daily, 9 a.m. to 5 p.m., except Wednesdays, 9 a.m. to 1 p.m.
COWES ...	Bostock, Chemist, 84, High Street.	Daily, 9 a.m. to 5 p.m., except Wednesdays, 9 a.m. to 1 p.m.
EAST COWES ...	W.V.S., 12, York Avenue.	Tuesdays and Fridays, 2.30 p.m. to 4 p.m.
EAST COWES ...	Welfare Centre, The Dispensary, Osborne Road.	First and third Thursdays in each month, 2.30 p.m. to 4.30 p.m.
FRESHWATER ...	Nurses' Home, Princes Road.	Tuesdays and Fridays, 2.30 p.m. to 4 p.m.
GODSHILL ...	Welfare Centre, Village Hall.	Third Monday in each month, 2.30 p.m. to 4 p.m.
NEWCHURCH ...	Welfare Centre, Church Hall.	Third Thursday in each month, afternoons only.
NEWPORT ...	W.V.S., 120, Lower St. James' Street.	Tuesdays, 10 a.m. to 12 noon, Fridays, 10.30 a.m. to 12 noon, and 2.30 to 4 p.m. Saturdays, 9.30 a.m. to 11.30 a.m.
NEWPORT ...	Welfare Centre, County Hall.	Thursdays only, 2.30 p.m. to 4 p.m.
NITON ...	Cornerways, Niton Undercliff.	Tuesdays, 10 a.m. to 12 noon.
PARKHURST ...	Albany Barracks.	First Wednesday in each month, 3 p.m. to 4.30 p.m. (For Married Quarters personnel only).
PORCHFIELD ...	Post Office Stores	Mondays to Fridays, 9 a.m. to 4 p.m. Saturdays, 9 a.m. to 1 p.m.
RYDE ...	W.V.S., 25, Union Street.	Tuesdays and Fridays, 10 a.m. to 4 p.m.
RYDE ...	Chapel Hall, Well Street Welfare Centre.	Wednesdays and Fridays, 2.30 p.m. to 4 p.m.
ST. HELENS ...	Welfare Centre, Chapel School Room, Lower Green.	Fourth Thursday in each month, 2.30 p.m. to 4 p.m.
SANDOWN ...	Pollard & Ramage, Chemists, High Street.	Daily, 9 a.m. to 5 p.m., except Wednesdays, 9 a.m. to 1 p.m.
SANDOWN ...	Welfare Centre, Baptist Church Hall.	Second and Fourth Fridays in each month, 2.30 p.m. to 4.30 p.m.
SEAVIEW ...	Beulah Chapel, Ryde Road.	First Monday in each month, 2.30 p.m. to 4 p.m.
SHANKLIN ...	Welfare Centre, Methodist Church Hall.	First and Fourth Tuesdays in each month, afternoons only.
SHANKLIN ...	W.V.S., 54, Prospect Road.	Mondays and Wednesdays, 2.15 p.m. to 4.15 p.m.
VENTNOR ...	W.V.S., 135, High Street.	Tuesdays and Fridays, 2.30 p.m. to 4.30 p.m.
WOOTTON ...	Welfare Centre, Methodist Hall.	Fourth Friday in each month, 2.30 p.m. to 4 p.m.
WOOTTON ...	Brading, Chemist, High Street.	Daily, from 9 a.m.
WROXALL ...	Welfare Centre, Church Hall.	First Friday in each month, 2.30 p.m. to 4 p.m.
YARMOUTH ...	Glasspool, Chemist, High Street.	Thursdays, 2.15 p.m. to 4 p.m.
WROXALL ...	Miss H. A. Wright, Grocery Stores, Station Road.	Daily, 9 a.m. to 5 p.m.

THE HOME NURSING SERVICE.

The pattern of district nursing is changing. The number of cases of acute illness, referred by general practitioners, remains about the same but, with improved medical treatment, convalescence is more speedy and the incidence of chronic nursing is lessened.

The work of the home nurses is continuing to increase among the elderly, especially those living alone or with elderly relations. These visits entail a great deal of domestic planning and improvisation.

Additional time is spent also by the district nurse/midwives in preventive medicine and in co-operation with the health visitors and public health inspectors.

During the year 3,778 patients, 82 fewer than in 1957, were referred to the district nurses for care in their own homes, and the total number of visits paid was 65,834. This total includes 38,566 visits to patients requiring long term nursing care, many of them elderly and living alone.

TABLE XXVII. NUMBER OF CASES ATTENDED AND VISITS PAID BY HOME NURSES.

<i>Year.</i>	<i>No. of cases attended by Home Nurses.</i>	<i>No. of visits paid by Home Nurses.</i>
1949	3267	61855
1950	3257	67181
1951	3621	70846
1952	3772	73196
1953	4488	75981
1954	3951	79586
1955	3980	62308
1956	4410	70997
1957	3860	74596
1958	3778	65834

Owing to the generosity of the Welfare Sub-Committee of the Marie Curie Memorial Foundation, nurses have been able to supply comforts to necessitous patients suffering with cancer. This assistance has been given in the form of nourishment, bed linen, toilet requisites, home help, etc., and has been much appreciated. Eleven patients have received help during the year.

VACCINATION AND IMMUNISATION

(i) Immunisation against Diphtheria.

TABLE XXVIII.

Table showing the number of primary immunisations completed and the number of reinforcing injections given during 1958 :

Immunisation in Relation to Child Population

Number of children at 31st December, 1958, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1944)

<i>Age at 31-12-58) (i.e., Born in Year)</i>	<i>Under 1 1958</i>	<i>1 to 4 1954-57</i>	<i>5 to 9 1949-53</i>	<i>10 to 14 1944-48</i>	<i>Under 15 Total</i>
Last complete course of injections (whether primary or booster)					
(A) 1954-1958	269	3320	3077	2924	9590
(B) 1953 or earlier	—	—	2732	4307	7039
Estimated mid-year child population	1120	4880	14700		20700
Immunity Index, 1958	24.0%	68.0%	40.8%		46.3%

(ii) Vaccination against Smallpox.

The following table shows the successful vaccinations carried out during the year—

TABLE XXIX.

<i>Age at Date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>Total</i>
Number vaccinated ...	345	267	59	33	56	760
Number re-vaccinated	—	—	1	2	13	16

The percentage of infants under 1 year vaccinated during 1958 was 29.4 per cent.

(iii) **Vaccination against Poliomyelitis.**

Registration and vaccination against poliomyelitis continued throughout 1958.

In May, 1958, the Government decided to import and issue Salk vaccine of Canadian or American manufacture without further tests being made in this country and larger quantities of vaccine became available.

In July, 1958, the Minister of Health announced that the Government had decided to extend the offer of vaccination to :

- (a) Persons born in the years 1933-42, *i.e.* under 26 years of age.
- (b) Hospital and nursing home staff and medical students coming into contact with patients and to families of these groups.

The National Health Service Hospital Authorities were asked to arrange for the offer to reach individuals so far as hospitals in the service are concerned and local authorities were asked to make the offer known to authorities of hospitals outside the National Health Service and nursing homes.

Due publicity was given to the extension of the Scheme in the local press and letters were distributed through head teachers of all schools (including private schools) to young adults and also to youth club leaders and local firms.

The Minister also agreed that as vaccine became more available, third doses should be given after an interval of at least 7 months to all persons who had already received two doses.

There is close co-operation with general practitioners in transferring cards of persons registered who wish their own general practitioners to carry out the vaccination. On receiving a completed record card the County Council pays a fee of 5/- to a general practitioner for each record of two injections given and a further fee of 5/- for a third injection.

The following table shows details of the children and adults who received poliomyelitis injections during the year and those still awaiting injections on the 31st December, 1958.

TABLE XXX.

	<i>Number of children born 1943-58 and young adults born 1933-42 vaccinated during Jan.-Dec. 1958</i>			<i>Number of Children and young adults registered awaiting vaccination on December 31st, 1958</i>
	(1) <i>Received one injection</i>	(2) <i>Received two injections</i>	(3) <i>Received three injections</i>	
(a) Under School Age	453	3682	495	938
(b) School Age ...		9400	1611	
(c) Young Persons ...	130	289	3	84

From this table it will be observed that during 1958, 13,082 children had received two injections of poliomyelitis vaccine. A further 847 children had already received the vaccine during 1956 and 1957 making a total number of 13,929 children protected by vaccination against poliomyelitis by the end of 1958.

The following people in priority groups had been vaccinated (two injections) by the end of 1958 :—

*Expectant mothers	...	...	...	...	...	...	...	576
General practitioners and families	...	...	...	...	...	...	...	91
Ambulance staff and families	...	...	...	...	...	...	...	48
Families of hospital staff vaccinated by General Practitioners	...	...	...	...	...	...	...	23
Total	...	...	...	...	...	...	...	738

*Approximately 50% of these mothers are in the 15-25 age group.

The approximate child population eligible for vaccination, *i.e.* children born in the years 1943-1957 plus six months of 1958 inclusive, was 20,207. The percentage of these children registered for poliomyelitis vaccination at the end of 1958 was 80% and the percentage of these actually vaccinated was 86.6%.

AMBULANCE SERVICE.

The total number of patients and mileage covered by the Ambulance and Hospital Car Service were higher in the financial year 1958-59 than in 1957-58. The average number of miles per patient fell, however, from 7.0 to 6.9. The statistics in recent years are summarised in the following table :—

TABLE XXXI.

<i>Ambulance and Hospital Car.</i>	1954-55	1955-56	1956-57	1957-58	1958-59
Total Number of Patients	37,738	45,074	39,151	41,499	43,243
Total Mileage	266,621	297,642	290,447	291,325	297,059
Average No. of miles per patient	7.0	6.6	7.4	7.0	6.9
No. of patients carried per 1000 population ...	403	484	416	442	462

The County Medical Officer authorised the use of a helicopter from the Royal Naval Air Station, Lee-on-Solent, to convey seriously ill patients to Regional Centres on the mainland on six occasions during the year. The details of the cases can be summarised as follows :—

<i>Details of Patient.</i>	<i>Diagnosis.</i>	<i>Destination.</i>
1. Man	Subarachnoid Haemorrhage	Atkinson Morley Hospital, Wimbledon.
2. Woman	Spinal tumour	Atkinson Morley Hospital, Wimbledon.
3. Man	Subarachnoid Haemorrhage	Atkinson Morley Hospital, Wimbledon.
4. Woman	Acute polyneuritis	Special Poliomyelitis Centre, Infectious Diseases Hospital, Portsmouth.
5. Woman	Subarachnoid Haemorrhage	Atkinson Morley Hospital, Wimbledon.
6. Man	Road Accident	Stoke Mandeville Hospital, Aylesbury, Bucks.

The Diesel-engined ambulance purchased in 1957 has been used successfully. It has been found that compared with petrol engined ambulances, maintenance costs are greatly reduced and a resultant economy of fuel consumption has been effected, i.e. it has been possible to obtain 28 miles per gallon with Diesel engined ambulances, compared with 10 miles per gallon when petrol engined ambulances are used.

TABLE XXXII. shows the use which has been made of the ambulance service during the financial year 1958-59.

		<i>No. of Vehicles on 31st March, 1959.</i>	<i>Total No. of patients carried during the year ended 31st March, 1959.</i>	<i>Total No. of Journeys during the year ended 31st March, 1959.</i>	<i>Total Mileage during the year ended 31st March, 1959.</i>	<i>No. of Journeys to Mainland by Island Ambulances.</i>	<i>No. of Mainland Journeys arranged through other Authorities.</i>
(1)		(2)	(3)	(4)	(5)	(6)	(7)
Directly Provided Service	*Ambulances	7	7165	4334	85806	66	44
	Cars ...	—	—	—	—	—	—
Agency Service ...	Ambulances	1	335	257	8214	2	—
	Cars ...	—	—	—	—	—	—
Supplementary Services	Ambulances	—	—	—	—	—	—
	Cars ...	31	35732	10277	202824	—	286
	Hired Cars ...	As and when required	11	11	215	—	—

*Including 1 Utlecon "Sitting-case" vehicle.

PREVENTION OF ILLNESS: CARE AND AFTER CARE.

A. Tuberculosis.

TABLE XXXIII.—THE NUMBER OF NEW CASES AND THE DEATHS FROM TUBERCULOSIS DURING THE YEAR.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory System.		Other Forms.		Respiratory System.		Other Forms.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
5— ...	—	2	—	1	—	—	—	—
10— ...	1	—	2	—	—	—	—	—
15— ...	3	—	1	—	—	—	—	—
20— ...	2	5	—	1	—	—	—	—
25— ...	7	8	—	1	—	—	—	—
35— ...	10	3	—	2	—	1	—	—
45— ...	8	1	—	1	—	—	—	—
55— ...	7	—	1	1	—	—	—	1
65 and upwards	7	2	—	—	3	1	—	—
Totals 1958 ...	45	21	4	7	3	2	—	1
Totals 1957 ...	48	47	3	5	3	1	1	1

It will be seen in Table XXXIII that there were 26 less notifications of all forms of tuberculosis and the same number of deaths as in 1957. The cases notified include 24 transfers to the Island, one case of a patient who has returned from the mainland and three cases coming to the notice of the Local Health Authority after the death of the patient. It is interesting to note that 24 of the 77 new cases shown in this table, or just under one-third, were in persons who have come to reside in the County.

B.C.G. Vaccination.

The following figures show the position with regard to the vaccination against tuberculosis of school children.

Number of children who had preliminary tuberculin test	...	...	...	...	...	865
Number found with positive reaction	...	...	...	...	...	220
Number found with negative reaction	...	...	...	...	...	624
Number vaccinated with B.C.G.	...	...	...	...	...	619
Number tested but absent on day of reading of test	...	...	...	...	...	3

Consent of a parent in all cases is sought to the preliminary testing, the vaccination and the post vaccination test. During the year the refusals were approximately 20.1%.

Dr. E. F. Laidlaw, the Chest Physician, has kindly submitted the following report:—

(1) Number of observation cases seen at clinic	...	...	...	...	2135
(2) Number of contacts of known tuberculosis cases examined	...	...	...	...	913
(3) Number of domiciliary visits paid to patients	...	...	...	...	163
(4) Number of skin and mantoux tests performed	...	...	...	...	573
(a) Found positive	...	...	...	...	429
(b) Found negative	...	...	...	...	144
(5) Number of post B.C.G. tests carried out	...	...	...	...	573
					391

During 1958, 130 contacts of patients suffering from tuberculosis, and members of the nursing and laboratory staff of hospitals were vaccinated.

Extra nourishment was provided during the year for seven sufferers from tuberculosis.

The Tuberculosis Health Visitor attended 228 sessions at the Chest Clinic and paid 903 visits (including 206 "no access" visits) of which 70 were first visits, 489 subsequent visits and 344 special visits. The purpose of these visits was to investigate social conditions, to search for contacts and to arrange for their examination at the Chest Clinic.

In addition, the District Nurses paid 280 nursing visits to tuberculous households.

Table XXXIV shows the position of the tuberculosis register at the beginning and end of the year and from it can be noted that of the 74 new additions, 49 were primary notifications, 24 were cases removed from other areas, and one case returned to the Island. Not shown on Table XXXIV but included in Table XXXIII were three cases coming to our notice after death.

TABLE XXXIV.—SUMMARY OF TUBERCULOSIS REGISTERS WHICH CONTAINED 961 CASES ON THE 1st JANUARY and 982 ON THE 31st DECEMBER, 1958.

Note.—This table does not include the deaths of persons not previously notified as suffering from tuberculosis and therefore not on the registers.

Number of Patients.	Pulmonary.		Non-Pulmonary.		Total.	
	M.	F.	M.	F.	M.	F.
On Register at end of 1957 ...	412	358	86	105	498	463
Added during 1958 (cases arising on the Island) ...	29	11	4	5	33	16
Cases removed from other areas ...	14	9	—	1	14	10
Old case 'Left' returned ...	1	—	—	—	1	—
Old 'Cured' re-admitted ...	—	—	—	—	—	—
Old 'Mistaken diagnosis' re-admitted ...	—	—	—	—	—	—
Gross Total	456	378	90	111	546	489
Removed to other areas during 1958 ...	16	20	—	—	16	20
Removed—'Lost sight of' ...	—	—	—	—	—	—
Removed—Diagnosis unconfirmed ...	1	—	—	1	1	1
Removed from Register as being 'Cured'	2	5	1	1	3	6
Died during 1958 ...	2	1	—	—	2	1
Died from other diseases ...	3	—	—	—	3	—
Totals to be removed from Register	24	26	1	2	25	28
Number on Register at the end of 1958	432	352	89	109	521	461

Table XXXV shows the yearly number of new Island cases of tuberculosis notified and is divided into five year periods.

TABLE XXXV.—DETAILS OF NOTIFICATIONS OF TUBERCULOSIS RECEIVED.
(NEW ISLAND CASES ONLY.)

Year.	Pulmonary.				Non-Pulmonary.				Total.
	Male	Female			Male	Female			
1936 ...	26	29	55	} 284	8	14	22	} 123	77
1937 ...	35	28	63		26	17	43		106
1938 ...	30	29	59		8	15	23		82
1939 ...	33	23	56		10	7	17		73
1940 ...	34	17	51		14	4	18		69
1941 ...	24	18	42	} 352	10	14	24	} 101	66
1942 ...	50	21	71		12	18	30		101
1943 ...	49	38	87		10	4	14		101
1944 ...	49	33	82		7	13	20		102
1945 ...	39	31	70		11	2	13		83
1946 ...	42	20	62	} 304	5	9	14	} 111	76
1947 ...	37	36	73		17	11	28		101
1948 ...	23	18	41		8	16	24		65
1949 ...	43	27	70		14	10	24		94
1950 ...	32	26	58		9	12	21		79
1951 ...	30	26	56	} 264	12	21	33	} 123	89
1952 ...	35	23	58		19	11	30		88
1953 ...	24	21	45		18	9	27		72
1954 ...	39	20	59		9	11	20		79
1955 ...	22	24	46		7	6	13		59
1956 ...	24	18	42		6	5	11		53
1957 ...	36	21	57		3	5	8		65
1958 ...	29	11	40		4	5	9		49

CHEST CLINIC.

Dr. E. F. Laidlaw has kindly prepared the following report on Tuberculosis in the Isle of Wight in 1958 :—

“The total attendances at the clinics has decreased slightly during the year from 3,369 in 1957 to 3,329, in 1958 ; the real decrease has been in the number of examinations of persons who are contacts of sufferers from tuberculosis, which fell from 1,056 to 915. The number of patients of all categories seen de novo rose from 379 to 411.

The clinics at the Royal National Hospital have been held more regularly and have dealt in all with about 500 attendances. It is hoped that they have proved convenient for those living in the neighbourhood of Ventnor and Shanklin especially.

Tuberculosis. The number of new cases notified fell from 63 in 1957 to 42 in 1958 ; the visit of the Mobile Mass Radiography Unit in the latter part of 1957 and early 1958 led to the discovery of a number of cases, some of which must otherwise have come to light in the course of 1958, or later. It is doubtful whether, with these small numbers, much significance is to be attributed to the decline, and the future must show whether the trend continues, or whether it is merely a random variation.

The number of tuberculous patients on the register has increased slightly from 808 to 823. These figures, and some of those mentioned, are shown in Table XXXVI.

The number of in-patients treated for tuberculosis at the Royal National Hospital during the year was 45 men and 28 women. The figures from 1955, when Longford Sanatorium was closed, to 1958, are shown in Table XXXVII, together with figures for non-tuberculous patients. Twenty-six men and 16 women were receiving treatment for the first time ; four male admission and three female were non-pulmonary tuberculosis ; two men and one woman died in hospital ; one man was transferred to St. Mary's Hospital, Portsmouth, for operation and subsequently returned to Ventnor. Since surgical treatment at the Royal National Hospital ceased in July, 1958, this will become routine practice for Isle of Wight patients requiring lung surgery.

Non-tuberculous Chest Diseases. Cancer of the lung and chronic bronchitis, with which are associated some cases of asthma and heart failure, now exceed by far pulmonary tuberculosis as a cause of death and of disablement. The number of Island patients with non-tuberculous chest disease admitted to the Royal National Hospital has increased appreciably each consecutive year since 1955, and last year there were 145 male and 54 female admissions. Cancer of the lung was diagnosed in 34 men and 3 women. Of these only 7 were found suitable for radical operative treatment and 4 of these 7 were discovered as a result of mass radiographic examination.

Radiography of Special Groups. X-Ray examination was carried out on women attending ante-natal clinics and on school children age 13 years and over found Tuberculin positive ; this latter group numbered 190 in 1958 and 192 in 1957 ; no case of active tuberculosis was found in either.”

TABLE XXXVI.

Year	New Contacts	Other New Cases	Total Contacts	Total Attendances	New Notifications		Total on Tuberculosis Register		Radiography of Special Groups		
					R.	N./R.	R.	N./R.	Ante-natal	Tuberculin and School Children	Others
1955	162	325	1185	*4127	47	7	536	139	—	—	—
1956	181	390	1142	*3531	43	10	619	137	15	—	46
1957	126	379	1056	3369	55	8	667	141	494	182	272
1958	82	411	935	3329	33	9	674	149	753	190	119

*These figures included attendances for refills for artificial pneumothoraces and pneumoperitoneums, which by 1957 had virtually ceased.

This Table is not comparable with the District Tuberculosis Registers because certain notified patients, e.g. prisoners, have not been seen by the Chest Physician ; some patients known by the Chest Physician to have left the Island in 1958 were not removed from District Registers until 1959.

A number of cases included by the Chest Physician in his report for 1957 were not notified to District Medical Officers until 1958.

TABLE XXXVII.

Year	Tuberculous			Non-Tuberculous		
	Male	Female	Total	Male	Female	Total
1955	36 (103)	22 (144)	58 (155)	44	19	63
1956	32 (165)	37 (146)	69 (155)	69	41	110
1957	50 (132)	30 (133)	80 (184)	88	75	163
1958	45 (145)	28 (118)	73 (134)	145 (16.8)	54 (19.9)	199 (17.7)

Note.—Figures in brackets show average stay in days.

B. Other Provision.

Two persons were sent for a recuperative holiday during the year, one to the Harriet Guy Memorial Home, Gurnard, and one to Westwood Nursing Home, Wootton.

C. Problem Families.

Meetings of the officers concerned in the welfare of these families were held on five occasions in 1958. The following persons or bodies have been represented :

Clerk of the County Council ;
Children's Officer ;
County Education Officer ;
County Medical and Welfare Officer ;
County Nursing Officer ;
National Assistance Board ;
N.S.P.C.C. ;
Probation Officer.

In addition representatives of the Borough and District Councils on the Island have attended when Council tenants have been discussed.

Miss E. G. M. Brammer, the member of the health visiting staff who deals particularly with families in difficulties, reports :—

“During the year ninety-three families in acute difficulties, threatening the breakdown of the family as a unit, have been given assistance to improve standards generally, especially with regard to the care of the children and to establish conditions giving a reasonable degree of security.

The work of the specialist health visitor consists of assessing the causes of domestic crises and in assessing the kind of assistance needed to re-create a healthy family atmosphere. This work is analysed in the list of characteristics of the families referred for help.

The cases are referred in the main by the health visiting staff and the children's visitors, the National Assistance Board officers, the public health inspectors, and the general practitioners.

In arranging the necessary assistance and treatment, the specialist health visitor has received valuable co-operation from the Home Help Department, the National Assistance Board, the N.S.P.C.C., the Children's Visitors, the School Welfare Department, the Child Guidance Team and the hospital specialist services and the general practitioners.

The main development during the year has been the increased liaison with the hospital services, particularly with the maternity department of St. Mary's Hospital, the out-patients specialist clinics and with the staff of Whitecroft Hospital, which has made it possible to give help of permanent value to many of these families.

Joint visits have been made with the health visitors, welfare officers, and National Assistance Board Officer to certain families which have had a special problem rather than being a problem family.”

During 1958, 93 families were assisted by the Health Visitor. Their characteristics can be summarised as follows :—

<i>Characteristics of Families Visited.</i>	<i>Families.</i>
Child neglect	33
Mental defect of one or both parents	25
Mental defect of children	13
Physical defect of one or both parents	61
Physical defects of children	8
Insanitary housing conditions	23
Overcrowding	35
Inability to budget	60
Neurosis including drunkenness	76
Matrimonial breakdown	48
Illegitimacy	32
Moral defectiveness	20
Criminal tendencies	10
Dirty conditions	24
Verminous conditions	2
Attendance of one or both parents at Psychiatric Clinic	13
Admission to Mental Hospital of one or both parents	13
Attendance at Child Guidance Clinic	6

Assistance given by the Health Visitor consisted mainly in the supervision of domestic management, budgeting and payment of rent ; mediation in marital disharmony, advice and assistance in attending the Family Planning Clinic and co-operation with other departments of the Local Authority and social agencies.

The assistance given to families is summarised in the following table :—

<i>Nature of Help.</i>	<i>Number of Families.</i>
Domestic supervision by health visitor	58
Home Help service	10
National Assistance allowances	56
Free school meals and clothing grants	42
Families rehoused	8
Attendance at Child Guidance Clinic	6
Advice and supervision by Probation Officer	7
Children taken into care of Local Authority	16
Supervision by N.S.P.C.C. Officer	25

HOME HELP SERVICE

By Mrs. W. Janion, Home Help Organiser.

More people were assisted by this Service than in the previous year, reaching the maximum figure of 310 during September and October. The number of Home Helps employed correspondingly rose from 53 to 55.

Old and chronically sick patients accounted for 73.3% of the total number of cases dealt with, the remaining 26.7% being made up as follows:—

Confinements and expectant mothers	...	...	...	...	...	...	13.6%
Others	...	...	...	...	...	...	12.4%
Tuberculosis	...	...	...	...	...	...	.7%

Four hundred and eighteen new applications for Home Help were received, of these 102 were not supplied for various reasons, the most usual being that on investigation by the Organiser, relatives, friends or private domestic help were found to be available.

The Night Sitting-In Service dealt with 8 seriously ill cases.

TABLE XXXVIII.

<i>Month.</i>	<i>Number of cases served.</i>	<i>Contributions required in full.</i>	<i>Part contributions required.</i>	<i>No contributions required.</i>
January ...	282	13	238	31
February ...	277	14	236	27
March ...	285	20	232	33
April ...	285	24	231	30
May ...	292	25	234	33
June ...	289	24	237	28
July ...	302	31	240	31
August ...	301	24	245	32
September ...	310	25	252	33
October ...	310	23	258	29
November ...	309	23	256	30
December ...	309	18	261	30

MENTAL HEALTH.

1. Administration.

(a) The Mental Health Sub-Committee of the Health Committee is composed of nine members of the Council, and three co-opted members.

(b) Staff.

(i) Medical: County Medical Officer ;
Deputy County Medical Officer ;
Assistant County Medical Officer
(P. Maxwell Browne, M.R.C.S., L.R.C.P., D.P.H.) ;
Mental Health Adviser.

(ii) Non-Medical: Three Duly Authorised Officers.

(c) Co-ordination with Regional Hospital Board and the Hospital Management Committee.

There is close co-operation with the hospital services. The Duly Authorised Officers prepare reports on the home circumstances of patients in mental deficiency hospitals, when periods of holiday at home or of licence are considered, and keep closely in touch with members of the staff of mental hospitals. The County Medical Officer is a member of the Group Hospital Medical Committee and of the house committee of Longford Hospital, which accommodates severely sub-normal women and children.

(d) Duties Delegated to Voluntary Associations.

No duty of the local health authority has been delegated to a voluntary association.

2. Account of Work undertaken in the Community.

(a) *Lunacy and Mental Treatment Acts, 1890-1930.*

(i) The Duly Authorised Officers who carry out the statutory requirements of the above Acts dealt with 123 patients in 1958, a small decrease on the number dealt with during 1957, but still relatively high compared with the preceding eight years, as will be seen from the following table:—

TABLE XXXIX.

<i>Year</i>	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
<i>Cases</i>	54	80	67	75	90	86	88	93	151	123

The action taken in the 123 cases dealt with by the Duly Authorised Officers can be summarised as follows:—

Summary Reception Orders (certification)	22
Section 11 of the Lunacy Act (seven day Urgency Order)	5*
Section 20 of the Lunacy Act (three days' observation)	49†
Section 1 of the Mental Treatment Act (voluntary patient)	17
Non-statutory admission	1
Other cases investigated but no action required	29

*Three of these patients were subsequently certified and two became voluntary patients.

†Three of these patients were subsequently certified, thirty-six became voluntary patients, one remained in the hospital as a non-statutory patient, seven were discharged on the expiration of the Orders (or after 14-day extension of the Orders) and two died.

These figures show a considerable decrease in the number of "certified" patients dealt with, compared with the previous year, and seem to indicate the public's willingness to accept treatment for mental sickness in the early stages and a lessening of the feeling of social stigma on being admitted to a mental hospital.

The following table shows the percentage, by classification, of patients admitted to hospital during 1958, as compared with the previous year:—

TABLE XL.

<i>Year.</i>	<i>Certified Patients.</i>	<i>Voluntary Patients.</i>	<i>Temporary and other Patients.</i>	<i>Other cases Investigated.</i>
	%	%	%	%
1957 ...	38	34	11	17
1958 ...	23	44	9	24

(ii) *Statistics relating to Whitecroft Mental Hospital in 1958.*

Admissions to, discharges from, and deaths in Whitecroft Hospital during 1958 are summarised in the following table:—

Admissions and Discharges 1958

TABLE XLI.

	<i>New Admissions.</i>	<i>Re-admissions after discharge.</i>		<i>Discharges.</i>	<i>Deaths.</i>
		<i>within one year.</i>	<i>after one year.</i>		
<i>Voluntary—</i>					
Male under 65	29	10	8	56	1
Male over 65	12	4	2	25	14
Female under 65	50	35	19	114	4
Female over 65	11	7	7	43	9
<i>Temporary—</i>					
Male under 65	—	—	—	—	—
Male over 65	—	—	—	—	—
Female under 65	—	—	—	—	—
Female over 65	—	—	—	—	—
<i>Certified—</i>					
Male under 65	2	4	—	3	1
Male over 65	1	—	—	—	1
Female under 65	4	2	4	22	—
Female over 65	4	1	4	17	23
<i>Other—</i>					
Male under 65	7	2	2	1	—
Male over 65	9	—	—	1	—
Female under 65	9	1	2	5	—
Female over 65	14	1	1	—	2

It will be seen that, during 1958, 73% of patients were admitted as voluntary patients, and that 66% of the admissions were women.

(b) *The Problem of the Elderly.*

Patients aged more than 65 years made up 29 per cent of all admissions and 39 per cent of the certified admissions. The problem of providing accommodation for the elderly mentally confused patient is receiving the active consideration of the Isle of Wight Group Hospital Management Committee, and a geriatric unit at Whitecroft Hospital accommodating 75 patients, named Thompson House, in memory of the late Alderman W. Thompson, Chairman of the Mental Health Sub-Committee and Whitecroft Hospital House Committee was opened by Mr. A. G. Linfield, C.B.E., J.P., Chairman of the South West Metropolitan Regional Hospital Board, on the 24th March, 1959.

3. **Mental Deficiency Acts, 1913-1938.**

(i) *Ascertainment.*

Nine cases were added to the Register in 1958. Of these, three were reported by the Education Committee, under Section 57(3) and 57(5) of the Education Act, 1944, one was reported unofficially by the Education Committee, and five were reported from other sources, including two transferred from other areas. The following tables give details of cases reported during 1958 :—

TABLE XLII.

	Male		Female	
	Under 16	Over 16	Under 16	Over 16
<i>Referred by—</i>				
Local Education Authority ...	2	—	2	—
Local Health Department ...	—	—	—	—
Other Local Authorities ...	—	1	—	—
Other Sources	—	—	1	3
Totals	2	1	3	3

TABLE XLIII.

Action was taken as follows :—

	Male		Female	
	Under 16	Over 16	Under 16	Over 16
Admitted to Longford Hospital (Catherine Bowen Home) ...	—	—	1	—
Placed under voluntary supervision	1	1	2	3
Placed under Statutory Supervision	1	—	—	—
Totals	2	1	3	3

TABLE XLIV.

The total number of cases on the Authority's register on 31-12-58 can be summarised as follows :—

	Male		Female	
	Under 16	Over 16	Under 16	Over 16
Voluntary Supervision	5	31	2	41
Statutory Supervision	14	51	8	54
Guardianship	—	1	—	12
In Hospital	8	78	8	51
Totals	27	161	18	158

(ii) *Guardianship and Supervision.*

Very close contact is maintained with the thirteen patients who are under guardianship and all possible assistance is given with matters affecting their welfare, such as employment, etc. Two of these cases are supervised on the Council's behalf by the Guardianship Society, Hove, and the remaining eleven cases live on the Island. The Council makes grants towards the maintenance of five of these patients, and the National Assistance Board helps the remainder.

Regular visits are paid to the 127 patients under statutory supervision and contact is maintained with the 79 cases under voluntary supervision.

(iii) *Admission of Patients to Hospital.*

During the year arrangements were made for the admission of five patients (1 male, 4 female) to mental deficiency hospitals. The man was committed to hospital by a Magistrates' Court under Section 8(1) of the Mental Deficiency Act, 1913. One woman was admitted because there was no one to look after her following her father's removal to hospital. One woman and two girls were admitted at the request of their families, one of the girls being admitted temporarily in the first instance but subsequently remaining as a permanent patient.

In addition, one man was required to enter Whitecroft Mental Hospital as a voluntary patient as a condition of probation, following his appearance before a Magistrates' Court.

The numbers of mentally defective patients in Hospitals on the Island at the end of the year were :—

TABLE XLV.

	<i>Male</i>		<i>Female</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
St. Mary's Hospital, Newport ...	1	62	—	—
Longford Hospital, Havenstreet ...	—	—	—	42
Catherine Bowen Home, Havenstreet	6	—	8	—
Totals	7	62	8	42

There were also 26 cases (17 male, 9 female) in mainland hospitals, including five (3 male, 2 female) in Rampton State Institution.

(iv) *"Place of Safety".*

During the year it was not found necessary to order the admission of any patient to a "Place of Safety".

(v) *Occupation Centre.*

During the year, the high standard of the training given at the Centre has continued, one notable achievement being the completion of a carpet for the office of the Clerk of the County Council by eight of the pupils. Provision has been made for the erection of a hut in the grounds of the Centre during 1959, and this additional accommodation will enable instruction to be given to the older boys in the making of concrete posts, slabs, and other similar articles, thus increasing the scope of the training the Centre can provide.

The two female Assistant Supervisors at the Centre resigned during 1958, to take up other appointments, and have been replaced by one female assistant and one male assistant suitably qualified to give the additional practical training to the pupils when the new hut is erected. On the 14th August, the staff had the opportunity of visiting Langstone House Day Training Centre at Portsmouth, which proved to be most interesting.

At the end of the year, 38 pupils were on the register of the Occupation Centre.

(vi) *Ministry of Health Circular 5/52.*

It has not been found necessary to make use of the provisions of this Circular during the year.

WELFARE SERVICES.

The County Council has delegated to the Health Committee its statutory functions under the National Assistance Act, 1948. The day to day administration is under the general direction of the County Welfare Officer who is also the County Medical Officer. He is assisted in his duties by three Welfare Officers, the clerical staff of the Welfare Section, five Hostesses, thirty-five full-time and twenty-six part-time staff at residential homes. The Isle of Wight Society for the Blind are the County Council's agents for the Welfare of the Blind, and the Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the agents for the deaf and dumb.

A. CARE OF THE AGED.(a) *Old People in their Own Homes.*

The Housing Authorities on the Island have made quite extensive provision for old people and a summary of their property and that provided by voluntary organisations is given below :—

TABLE XLVI.

Housing for Old People.

	Council Property						Voluntary Organisations		
	<i>Bungalows Beds</i>		<i>Flats Beds</i>		<i>Cottages Beds</i>		<i>Almshouses Beds</i>	<i>Almshouses</i>	<i>Homes</i>
	1	2	1	2	1	2	1		
Cowes U.D.C.	8	13	8	22	1	13	8	16	—
I.W.R.D.C.	—	42	—	—	—	—	—	8	—
Newport B.C.	—	11 (+3 building)	52	12	—	—	—	10	‘Anchorage’
Ryde B.C. ...	10	— (+4 building)	22	— (+24 building)	—	—	—	6	—
Sandown- Shanklin U.D.C.	—	— (8 building)	50	—	—	—	—	—	‘Briars’
Ventnor U.D.C.	8	4	—	—	—	—	—	—	—

The methods of selection of residents vary, and the accommodation is not, except for almshouses, exclusively reserved for old people. It is used to rehouse people who are not fully occupying large property, and those requiring only a limited amount of accommodation. In different areas, from three-fifths to all of this type of accommodation is allocated to old people who are always given priority.

(b) *Residential Accommodation (permanent).*

The proposal, mentioned in my report for the year 1957, for the adaptation of Inver House, Bembridge, a former Children's Nursery for use as a Guest House for 18 elderly persons, came to fruition in December and by Christmas seven residents had been admitted. The remaining eleven vacancies had been filled by the end of the year.

The accommodation provided under Part III of the National Assistance Act as at 31-12-58, can be summarised as follows :—

(i) Directly by the County Council at :—

- (1) St. Lawrence Dene, Ventnor, for 45 elderly persons.
- (2) Elmdon Guest House, Shanklin, for 28 elderly persons.
- (3) Polars Guest House, Newport, for 30 elderly persons.
- (4) Osborne Cottage, East Cowes, for 38 elderly persons.
- (5) Inver House, Bembridge, for 18 elderly persons.

(ii) By agreement with the Isle of Wight Group Hospital Management Committee 19 beds for elderly persons are made available at St. Mary's Hospital, Newport. This is a reduction of six beds as a result of the additional accommodation provided with the opening of Inver House.

In addition to the above accommodation for sighted persons, accommodation is provided for 26 blind people in the Blind Home attached to Polars Guest House. The Hostess of Polars is responsible for the running of the Guest House and the Blind Home.

The Authority also maintains 12 aged persons in accommodation provided by voluntary organisations, viz. :—

- 7 in the W.V.S. Residential Club, "The Briars", Sandown.
- 4 in the Church Army Home for Aged Men in Newport.
- 1 at the Southern Railway Home at Woking.

One man is in Chelworth House, Cricklade, an Old People's Home provided by the Wiltshire County Council.

The cottage at St. Lawrence Dene, which was formerly occupied by one of the domestic assistants, was converted for use as a residence for the Hostess and the accommodation previously occupied by the Hostess has been used since 1st June, 1959, to accommodate four Part III cases, thus bringing the total number of persons who can be accommodated at St. Lawrence Dene to 49.

(c) *General Welfare of the Aged and Infirm.*

Following the receipt of Ministry of Health Circular 14/57, relating to the Local Authority's services for the chronic sick and infirm, a conference was held at which representatives of the Hospital Management Committee and the Housing Authorities met representatives of the Health Committee to discuss various questions arising in connection with accommodation for the aged. There was a useful exchange of views covering the field of hospital accommodation for the chronic sick and infirm and the provision of specially designed housing accommodation for elderly persons.

(d) “Meals on Wheels”.

In addition to the “Meals on Wheels” service run in Newport by the Women’s Voluntary Service on our behalf, it was possible to institute, in July, a similar service on a limited scale in the Ryde area. Efforts are being made to extend this service to other parts of the Island, as there is a definite demand for such a service, which ensures that old people in need do have at least one hot meal a week.

During 1958, a total of 1,089 meals were supplied, to a total of 38 people.

(e) *Chiropody Service.*

I am indebted to the Secretary of the Isle of Wight Old People’s Welfare Association, Miss B. Filley, S.R.N., S.C.M., for the following notes about the Chiropody Service in the year ended 31st March, 1959 :—

“This Service continues to grow and now treatment is being given to people living in practically every town and village in the Island. It is most popular and those elderly people who benefit from it say it has made getting about much easier for them.

The National Corporation for the Care of Old People gave us a grant of £400 towards the work this year. This is the last of a series of three annual grants allocated by the Corporation and it will be seen from the Statement of Accounts that unless we can get financial help from another source it will be quite impossible to continue the Service. No details of the proposed inclusion of chiropody for the elderly in the National Health Service have yet been received and it is most important that we should carry on with the Service until we know what is planned for the future. We are very grateful to the National Corporation for the Care of Old People for their help during the past three years.”

TABLE XLVII. “STATISTICS IN RELATION TO THE CHIROPODY SERVICE FOR THE YEAR”
1958-59.

Number of Clinics held	87
Treatment given in Clinics	700
Treatment given in Surgeries	2094
Treatment given at patient’s home	476
New Patients	175
Total treatments	3270
Number treated	499

B. RESIDENTIAL ACCOMMODATION (Temporary).

Accommodation for people rendered homeless as a result of fire, flooding or other unforeseen circumstance, is made available in the County Council’s Guest Houses and in St. Mary’s Hospital. No special provision is made for families and it is necessary to admit any children involved to the Council’s Children’s Homes.

C. WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS.

(a) *Blind.*

During the year, 11 men and 19 women were certified as blind, and five persons were transferred to the Isle of Wight.

The following table shows the diagnosis of cases registered, those recommended for treatment, and the number taking advantage of treatment :—

TABLE XLVIII.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(1) Number of cases registered of which paragraph 7(c) of form B.D.8. recommends—				
(i) No treatment ...	9	3	—	8
(ii) Medical, surgical or optical treatment ...	4	1	—	5
(2) Number of cases in (1)(ii) above which on follow-up have received treatment	1	—	—	—

The Isle of Wight Society for the Blind acts as the Council’s agent and ensures that persons certified as blind or partially sighted by a consultant ophthalmologist, are registered and visited regularly. A Home Teacher for the Blind takes classes in the Blind Home, Newport, and visits other blind people in their own homes.

At the end of 1958, 21 blind persons were living in the Blind Home, Newport.

The offer of a piece of land containing an area of approximately .99 of an acre, adjoining Polars garden, for the benefit of the residents in the Blind Home was accepted. This will greatly increase the size of the garden and will improve the general amenities provided.

TABLE XLIX.

Number of registered blind persons in the County shown in age groups—

0—1 year.		2—4 years.		5—15 years.		16—20 years.		21—39 years.		40—49 years.		50—64 years.		65 years and over.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	2	1	3	1	1	—	12	4	6	1	19	12	56	114

Of the total of 232 persons (99 males and 133 females), 87 per cent are over 50 years of age and 73 per cent over 65.

Employment of the Blind.

Open Industry or Self-Employed—

- Male.
- 1 gardener
 - 1 masseur and physiotherapist
 - 1 minister of religion
 - 4 tea agents and shopkeepers
 - 1 piano tuner
 - 1 factory operative
 - 1 Agricultural worker.

- Female.
- 2 clerks and shorthand typists

Home or Workshop Employment—

- Male.
- 1 Mat Maker (in Portsmouth Workshops)
 - 2 Braille Copyists
 - 1 Boot and Shoe Repairer
 - 1 Basket Worker
 - 1 Chair Seater
 - 1 Weaver
- Female.
- 1 Machine Knitter

Social Activities.

The high percentage of people over 65 (73 per cent) and the number of other registered blind persons unable to attend any centre, has meant that the Blind Society has managed without a Social Centre or Club. Interested residents of the Island Blind Home do attend the local Darby & Joan Club, each week.

Holidays.

The Blind Society arranged for several of the residents in the Island Blind Home to have two weeks' holiday at St. Leonards-on-Sea. The blind people were escorted by either partially sighted or sighted guides from the Council's Guest House.

Talking Books.

Twelve talking books have been ordered and six were delivered during 1958. It is understood that the remaining six machines will be delivered in 1959.

TABLE L.

Blind Persons with other Disabilities.

Deaf		Deaf and Dumb		Hard of Hearing		Mental Defectives		Paralysis		Cardiac		Diabetic		Other disablement	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	3	—	—	—	2	4	3	—	—	—	—	—	—	6	15

Partially Sighted.

During 1958, two women and a girl were registered as partially sighted. The totals are now in all, four men, eight women and they can be classified as follows :—

TABLE LI.

0—1		2—4		5—15		16—20		21—49		50—64		65—69		70 and over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	1	2	—	1	1	1	2	—	4

Ophthalmia Neonatorum.

No case of this disease was notified during the year.

General Welfare.

Wireless sets have been supplied to all persons in need. Maintenance and repairs are paid by the Isle of Wight Society for the Blind, who also provide batteries where needed.

Subscriptions to the National Library for the Blind are paid for fourteen readers.

(b) Other Handicapped Classes.

(i) Deaf and Dumb (Including Hard of Hearing).

The Secretary of the Hampshire, Isle of Wight and Channel Islands Association for the Deaf, which acts as agent for the County Council has sent me the following Report :—

“The number of registered deaf and dumb (*i.e.* born deaf) has remained the same, at 25. Fifty-nine visits have been made to and on behalf of the 72 registered hard of hearing people (December 1957 figure). Of these 72, 18 were found to have died or to have left the Island. We received five new names during the year. This brings the total hard of hearing on our register to 59. It is almost impossible to keep an accurate register of all hard of hearing people because we can only contact those who are referred to us or any particular purpose, but we are aware that the number of hard of hearing people in the Island must run into hundreds. Many of those on our register are elderly people referred to us by the National Assistance Board and old people’s organisations. Apart from an occasional visit there is little the Association can do. On the mainland where a number of hard of hearing people live within a few miles, it is practicable to organise hard of hearing clubs but most of these are attended by young and midde-aged people who can enjoy energetic social life. This is difficult in the Isle of Wight where so few hard of hearing people of this kind are known.

The Executive Committee has now completed plans to purchase “Easthill”, Ryde, as a residential centre for deaf people. There will be about six permanent residents and holiday accommodation for another six or eight throughout the year. The Island deaf and hard of hearing will be allowed to use the house for social purposes by arrangement.

The lipreading classes have been held under the auspices of the Association and taken by Miss Wale, who has had a life’s experience in teaching the deaf. These classes will be continued but it is not certain whether they will be at the deaf club in Newport after the new centre is opened at Ryde. All efforts will be made to see that every person in the Island requiring lipreading lessons will be able to have the service of Miss Wale.

Many voluntary organisations and individual people have assisted our Appeals Organiser with house-to-house collections, Alexandra Rose Days and Flag Days, and other efforts to raise money for this home.

The Association is indebted to the Vicar of Newport, the Rev. A. P. Lumley, for the use of his church every month and also to church members for kindly arranging tea after each service.

The Chaplain has also visited deaf and dumb people who are under the care of the Isle of Wight County Council but are resident in Canterbury and Dorchester.”

The authority maintains two deaf people in the Roper House Home in Canterbury.

(ii) Physically Handicapped (General Classes).

The Council’s Scheme for the provision of welfare services under Sections 29 and 30 of the National Assistance Act, submitted early in the year, was formally approved by the Minister of Health.

The following table gives details of the 168 persons, by classification who were registered as handicapped persons as at the 31st December, 1958 :—

TABLE LII.

	Total.
Amputation	7
Arthritis and rheumatism	31
Congenital malformations and deformities	10
Diseases of the digestive and genito-urinary systems ; of the heart or circulatory system ; of the respiratory system (other than tuberculosis) and of the skin	26
Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and the spine	16
Organic nervous diseases— epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	40
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous disease	21
Tuberculosis (respiratory)	11
Tuberculosis (non-respiratory)	3
Diseases and injuries not specified above	3
	168

One disabled person from the Island is employed at the Yateley Textile Industries for Disabled Girls, in Hampshire, and the cost of her maintenance is partly met by the Council.

Epilepsy.

Adults.

Six adults (four men and two women) suffering from this disease are known to the Department. Three men live in Epileptic Colonies (two in Chalfont Colony and one in Lingfield Colony) and are maintained there by the Council.

Cerebral Palsy.

There were known to be forty-two persons suffering from cerebral palsy (spastics) in the Isle of Wight in 1958. The cases have been summarised as follows :—

(i) Pre-School Children.

Seven children are known to the Health Department, one has Quadriplegia, two have Hemiplegia, two have Diplegia, and two have Atonia. Of the six that have been assessed four appear to be educable.

(ii) School Children.

It is known that 29 children are suffering from this condition and the type of disability can be summarised as follows—

Hemiplegia	8
Diplegia	11
Quadriplegia	5
Athetosis	3
Atonia	2

Of the twenty-nine who were investigated only two were found to be ineducable ; five were recommended to special residential schools, and twenty-two were suitable for day schools.

(iii) Adults.

Six men are known to be suffering from this condition, and none is working. Three are unemployable, but three would be suitable for sheltered employment.

Good progress has been made in the development of the proposed Day Unit for children suffering from cerebral palsy, to be erected in the grounds of St. Mary's Hospital, Newport. The building of the Unit will actually commence in April, 1959, and it is hoped that it will be completed in October, 1959.

D. OTHER SERVICES.

Registration of Premises.

During 1958, no additional premises were registered as Homes for aged and/or disabled persons under the National Assistance (Registration of Homes) Regulations, 1949. There are at present on the Council's register six Homes for old persons and one for old and disabled persons.

A number of enquiries were received for information concerning the standards and conditions necessary for registration, and one application for registration was refused on the grounds that the premises, by reason of their construction, were not fit for this purpose.

Removal of Persons in Need of Care and Attention.

No action was required during the year under Section 47 of the National Assistance Act, 1948.

Temporary Protection of Property of Persons Admitted to Hospitals, etc.

The Department accepted responsibility for the protection of the effects of nine patients during the year. In seven cases relatives later assumed responsibility.

Burial or Cremation of the Dead.

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who dies whilst being provided with residential accommodation under Part III of the Act, when no suitable arrangements for disposal have been made. During the year it was necessary for the Council to arrange for the burial of two persons who died whilst in residential accommodation.

Boarding Out of the Aged.

Judicious placing of suitable applicants in lodgings, to avoid the necessity of providing Part III accommodation in certain cases, is a further method of helping the aged in need of accommodation. This work has been carried out in a small way by the Welfare Officers in the course of their normal duties, and has no doubt reduced to a certain extent the demand for the rather expensive residential accommodation.

